A SHARI'AH COMPLAINT HOSPITAL FRAMEWORK IN MALAYSIA

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ABSTRACT

The increasing awareness among Muslims to be more Islamic in their daily practices has led to an increase in demand for *Halal* products and *Shari'ah* compliant services. It has created research opportunities for Islamic products and services to be on par with contemporary demand. The business opportunities in *Halal* products in Islamic Banking and Finances have received a tremendous request and becoming mainstream business amongst Muslims and non-Muslims. In responding to this development, Standard Malaysia has issued MS 1900:2014 *Shari'ah* based Quality Management System for an organisation to be accredited as a *Shari'ah* compliant organisation. However, the MS 1900:2014 issued only provides a theoretical framework. There is still a lack of research on the attributes and implementation of *Shari'ah* Compliant Hospital (SCH) in the Healthcare industry. This theoretical framework will be realised into a conceptual framework before it can materialise as an implementation activity for accreditation purposes. The purpose of this research is to develop a framework for *Shari'ah* Compliant Hospital for hospital operators to understand how *Shari'ah* Compliant Hospital can be implemented efficiently and sustain the continuation of the certification. This research applies a qualitative case study method, which is based on previous academic literature and interviews conducted amongst academicians and hospital operators. The interview sessions involve in-depth and open-ended discussion with senior management of five hospitals. The data collected was analysed through Content Analysis using software application NVivo™ Version 12 plus. The analysis produced themes that led to the development of the framework. With the proposed framework, the study provides a meaningful tool and guidelines for hospital operators to achieve the MS 1900:2014 accreditation. The study will add a novelty contribution to the academic literature, particularly in *Shari'ah* based Quality Management System. In terms of industrial practice, the outcome of the research is also applicable to other service industries to be accredited as a *Shari'ah* compliance institution.

Keywords: Islamic product and services, *Shari'ah* compliant hospital, *Shari'ah* compliant products and services, content analysis, MS 1900:2014

ABSTRAK

Peningkatan kesedaran dalam kalangan umat Islam untuk menjadi lebih Islamik dalam amalan harian mereka telah membawa kepada satu peningkatan dalam permintaan produk halal dan perkhidmatan patuh syariah. Hal ini telah mewujudkan peluang penyelidikan untuk produk dan perkhidmatan Islamik untuk menjadikannya setanding dengan permintaan kontemporari. Peluang perniagaan produk halal dalam Perbankan dan Kewangan Islam telah menerima permintaan yang tinggi dan menjadi perniagaan arus perdana dalam kalangan umat Islam dan bukan Islam. Sebagai tindak balas kepada perkembangan ini, Standard Malaysia telah mengeluarkan MS 1900:2014 Sistem Pengurusan Kualiti Berasaskan Syariah untuk sesebuah organisasi diiktiraf sebagai Organisasi Patuh Syariah. Walau bagaimanapun, MS 1900:2014 yang dikeluarkan hanya menyediakan suatu rangka kerja teori. Masih terdapat kekurangan penyelidikan mengenai sifat dan pelaksanaan Hospital Patuh Syariah (SCH) dalam industri penjagaan kesihatan. Rangka kerja teori ini akan direalisasikan menjadi rangka kerja konsep sebelum boleh menjadi kenyataan sebagai aktiviti pelaksanaan untuk tujuan akreditasi. Tujuan penyelidikan ini adalah untuk membina satu rangka kerja untuk Hospital Patuh Syariah bagi pengendali hospital memahami bagaimana Hospital Patuh Syariah dapat dilaksanakan dengan efisien dan berterusan memastikan pengekalan persijilan. Kajian ini menggunakan kaedah kualitatif secara kajian kes berdasarkan kajian akademik terdahulu dan wawancara dengan ahli-ahli akademik serta pengusaha-pengusaha hospital. Penyelidikan ini melibatkan wawancara terbuka dan mendalam terhadap pihak pengurusan kanan di lima buah hospital. Data yang dikumpulkan telah diproses melalui Analisis Kandungan menggunakan perisian NVivo™ Versi 12 Plus. Analisis ini telah menghasilkan tema yang membawa kepada pembangunan rangka kerja. Dengan rangka kerja yang dicadangkan, kajian ini menawarkan alat dan panduan yang lebih berkesan kepada pengendali hospital untuk mencapai pentauliahan MS 1900:2014. Kajian ini menambahkan lagi literatur akademik terutamanya dalam Sistem Pengurusan Kualiti berlandaskan syariah. Dari segi amalan industri, hasil kajian ini juga dapat dimanafaatkan oleh lain-lain pengendali industri perkhidmatan untuk ditauliahkan sebagai sebuah institusi patuh syariah.

Kata Kunci: produk dan perkhidmatan islamik, hospital patuh syariah, produk dan perkhidmatan patuh syariah, analisis kandungan, MS 1900:2014

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LIST OF ABBREVIATIONS

Abbreviation	Description of Abbreviation
ACS	American College of Surgeons
AISH	Al Islam Specialist Hospital
ANSH	An-Nur Specialist Hospital
BNM	Bank Negara Malaysia
BoD	Board of Director
CCU	Critical Care Unit
CEO	Chief Executive Officer
CENTRIS	Center of Islamic Studies
CIDB	Construction Industry Development Board
CIS	Clinical Information System
CKAPS	Private Medical Practices Control Division
CPD	Competency Professional Development
CRO	Chief Risk Officer
CSR	Corporate Social Responsibility
CSSD	Central Sterile Supply Department
DOBBS	Doctors Only Bulletin Board System
DOSM	Department of Statistic Malaysia
FIMA	Federation of Islamic Medical Associations
FIS	Financial Information System
FMT	Free Malaysia Today
GBI	Green Building Index
HIS	Hospital Information System
HPUPM	University Putra Malaysia Teaching Hospital
HR	Human Resource
HUSM	University Science Malaysia Hospital
IFH	*'Ibadah* Friendly Hospital
IIUMMC	International Islamic University Malaysia Medical Centre
IMAM	Islamic Medical Association of Malaysia
IOM	Institute of Medicine
ISCH	Industrial Standards Committee for Halal Standard
ISO	International Organization for Standardization
JAKIM	Department of Islamic Development Malaysia
JC	Joint Commission
JHEAIK	Kelantan Islamic Religious Affairs Department
Jawatankuasa Hal Ehwal Islam, JKHEI	Islamic Affairs Committee
KBMC	Kampung Baru Medical Center
KHIM	Islamic Hospital Consortium of Malaysia
KPI	Key Performance Indicator
LIS	Laboratory Information System
MAIWP	Majlis Agama Islam Wilayah
Majlis Kebangsaan Islam Malaysia	National Islamic Affairs Malaysia

MHTC	Malaysian Healthcare Travel Council
MIHAS	Malaysian International Halal Showcase
MMA	Malaysian Medical Association
MMC	Malaysia Medical Council
MOH	Ministry of Health
MS	Malaysian Standard
MSDAM	Malaysian Standard and Accreditation Council
NIS	Nursing Information System
PACS	Picture Archiving and Communication System
PACSYS™	Patient Focus through Patient Care System
PDCA	Plan-Do-Check-Act
PIS	Pharmacy Information System
POC	Point of Care
QMS	Quality Management System
RIS	Radiology Information System
SAB	*Shari'ah* Advisory Board
SAC	*Shari'ah* Advisory Council
SBQMS	*Shari'ah* Based Quality Management System
SCCP	*Shari'ah* Critical Control Points
SCE	*Shari'ah* Compliant Executives
SCH	*Shari'ah* Compliant Hospital
SCHM	*Shari'ah* Compliant Hospital Management
SCO	*Shari'ah* Compliant Officers
SDSE	*Shari'ah* Driven Service Excellence
SIRIM	Standard and Industrials Research Institute of Malaysia
SMBD	Strategic Marketing and Business Development
SME	Small and Medium Enterprise
SOP	Standard Operating Procedures
SQI	SIRIM QAS International
SRAA	State Religious Affairs Authority
TQM	Total Quality Management
UKAS	United Kingdom Accreditation Service
USIM	University Science Islam Malaysia
Yayasan Kebajikan Negara	National Welfare Foundation

CHAPTER ONE

INTRODUCTION

1.1 Background

It is the Muslims' obligation as Allah's vicegerents on this earth, to be in a country where their aspects of lives are in accordance with *Shari'ah* principles. In the Qur'an, Allah ordained;

"We have not created jinn and man except to worship Allah" (Surah Az-Zariyat, verse 57).

From the above verse, the purpose of creation is to devote to Him, henceforth in the human life, every activity is considered '*Ibadah*. It signifies the act of devotion and obedience to Him. Thus the *Shari'ah's* implementation is to facilitate the observance of '*Ibadah* in every domain of the human life.

Ibn al-Qayyim (d. 1347 AD), a famous Muslim jurist, mentioned that *Shari'ah* is aimed to promote justice, mercy, wisdom and the common good with a human being since *Shari'ah* governs individual and his societal affairs in human life. Violation of these four (4) principles considered not *Shari'ah*. Hence the governing law in the Muslims life in '*Ibadah* (Worship), *Mu'amalah* (Dealings with a Fellow Human), *Munakahah* (Marriage) and *Jinayah* (Criminality) and other aspects of life is considered *Shari'ah* or Islamic law. *Shari'ah* is regulations and rules that govern the unlawful and lawful activities in the life of Muslim. The main intention of *Shari'ah* is to provide due consideration to justice in all dealings (Qayyim, 2003). The other

pertinent issue in today's environment is that Islam perceived as incapable of responding to every aspect of human needs based on the tenets of freedom, justice, peace, and fairness.

Maqasid Shari'ah, as defined in the Ibn Ashur (2006) is to preserve the social order of the community. It also promotes the community's progress ordaining the well-being and virtue of human being. The objective of *Shari'ah* is aimed at propagating and protecting the necessities of human existence on this planet.

This importance of the *Maqasid* is placed on priorities that are based on declining obligations as *al-Din* (Religion), *Nafs* (Life), '*Aql* (Intellect), *Nasl* (Progeny) and '*Mal* (Property) as illustrated in the aims of the *Shari'ah* (*Maqasid Shari'ah*) (Dusuki & Abdullah, 2007). All Muslim scholars have unanimously agreed that *Maqasid Shari'ah's* primary objective is to preserve the interest and protect from the harm of all human beings (Auda, 2008).

The rationale of *Maqasid Shari'ah* is to bring about individual benefits and community at large. The design aim of *Shari'ah* is to protect these benefits and provide facilities for human life perfection on the earth. The purpose of the prophet-hood of Muhammad SAW is to bring mercy to all humanity as mentioned in Qur'an (21:107);

"We have not sent you but a mercy to mankind".

The *Shari'ah* seeks to establish justice, eliminate animosity and alleviate friendship, love and kindness amongst human being.

Malaysia, with a population of 32.5 million, is considered as a multiracial country. The Muslim community is about 68.5%, and Islam is the largest practised religion (Department of Statistic Malaysia (DOSM), 2018). Being a Muslim dominant country, Malaysia has been innovative and a pioneer in many Islamic products. Many of these products are first to be introduced in the Muslim world.

In the *Halal* sphere, Malaysia introduced standard MS 1500:2004, which forms the guidelines in *Halal* products and services. In the Finance and Banking industry, Malaysia launched the Islamic Banking and Finance products where the Islamic Banking Act 1983 and Takaful Act 1984 have been established since 1983. Since its inception, the phenomenal development with annual growth in a double-digit has provided financial profit opportunities for the financial institution.

The Financial and Banking sectors, together with the *Halal* Food industry, have created a unique centre page in the markets place, and both are significantly in demand. The similar occurrence could also take place in the Healthcare industry.

There is a dearth of activities in promoting a *Shari'ah* Compliant Hospital, SCH currently. This is mainly due to lack of awareness on the existence of SCH. Nonetheless, this represents a new marketing opportunity for any new Islamic content which serves as a remedy and an alternative to the current phenomenon. The opening brings forward the next Islamic branding initiative and marketing (Temporal, 2011). Since Muslims' obligation to observe the *Shari'ah* in every aspect of their lives, the introduction of a SCH will add as another product.

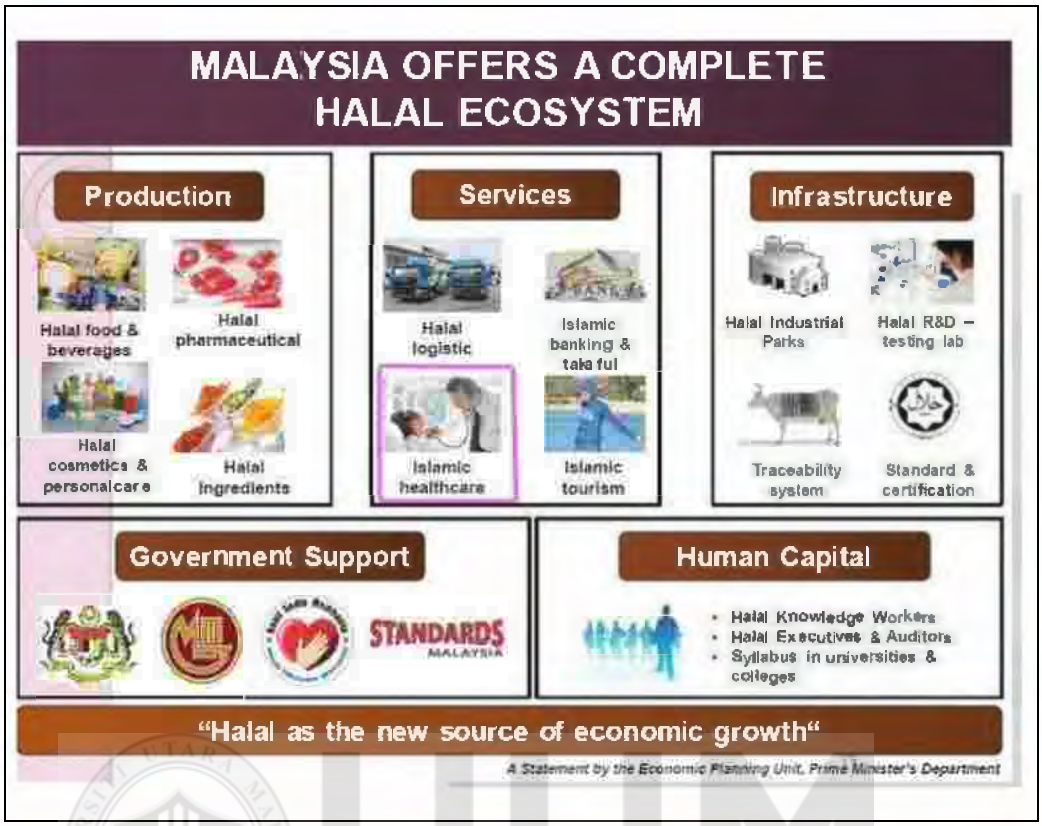


Figure 1.1
Halal as the New Source for Economic Growth
Sources: Government of Malaysia, Courtesy of Economic Planning Unit, Prime Minister's Department, 2015

Figure 1.1 illustrates the Malaysian Government roadmap for implementing *Shari'ah* based products. From the roadmap, the next priority services besides *Halal* Logistics, Islamic Banking and Takaful will be the aspect of Islamic Healthcare and Islamic tourism. This is also in congruent with the heavy promotion of Medical tourism by the Malaysian Healthcare Travel Council, MHTC.

Malaysia is proudly one of the top destinations in the world for international-standard medical treatments, and the reason behind it all is the Healthcare marvel that is Malaysia Healthcare. Why is Malaysia Healthcare a marvel? It is because Malaysian Healthcare providers offer a perfect balance of quality, accessibility, and affordability (MHTC, 2020).

The word *Halal*, or what is deemed permissible in Islam, used to be applied to mainly food and drink. But today, it encompasses a much broader area of Products and Services, including Healthcare, Travel and Tourism, Financial Services, Pharmaceuticals and Cosmetics.

The *Halal* economy is huge and is set to grow even further. At the World *Halal* Conference 2018, Sultan Nazrin Muizzuddin Shah of Perak said the Global *Halal* industry was projected to grow to more than US$6.7 trillion by 2020. This is in tandem with the anticipated increase in the number of Muslims to nearly 3 billion by 2060 from 1.8 billion in 2015, according to Pew Research Centre. Muslims are expected to make up more than 31% of the world's population by 2060, it adds (Noordin, 2019).

Hospitals are institutions where services in the form of hospitals inpatients, outpatients and emergency services are rendered. An SCH is where the Healthcare services rendered are in line with the *Shari'ah* or Islamic values (Shariff & Rahman, 2016). Unlike other Islamic products, SCH is an organisation which has the scope of work, procedures and staffing requirements that comply with *Shari'ah* in totality. It is not only product-oriented like products from an Islamic Bank or Financial Institution, but the services of SCH is more comprehensive since covers the entire organisation Standard Operating Procedures, SOPs and workflow to be in line with *Shari'ah* principles.

As stated in the previous paragraph, Muslims prefer all their daily movements and activities to be in accordance with Islamic principles because anything done in line with *Shari'ah* is considered as *'Ibadah*. Therefore, to achieve Islamic fulfilment and

obligations for Muslims in their personal and professional lives, the SCH provides an avenue for those Muslims without dichotomy and duality. Besides catering to the physical needs of patients in term of medical treatment, SCH does cater and provide for the religious and spiritual needs of patients. The role of religiosity and spirituality in medical treatment has now been more acknowledged in both the Oriental culture and in the Western world (Puchalski, Blatt, Kogan & Butler, 2014).

Islam plays a more significant role, based on the values of peace, justice, equality and fairness, in meeting all human needs. For example, judgment in SCH can be realised by providing equal opportunities to all the employees and employees receive training to upgrade their capabilities. In a SCH, the team members will enjoy an environment of teamwork and hope amongst themselves with the support from all staff directly or indirectly. When this happens, the ambience embraces the exact colour of *Shari'ah,* and everyone would realise and appreciate the beauty of Islam.

SIRIM Berhad, formerly known as the Standard and Industrials Research Institute of Malaysia, is the company designated to develop, distribute and certify standards by the Malaysian Department of Standards as the government agency. International Organisation for Standardisation (ISO) also appointed SIRIM as their certification agency. SIRIM established the general MS 1900:2014 *Shari'ah* based Quality Management System, SBQMS in collaboration with several government bodies and higher education institutions involvement (SIRIM QAS Intl, 2014b; Standard, 2014).

The standard guidelines text elaborated general guidelines for the implementation of a SBQMS. The theoretical framework is as per Figure 1.2.

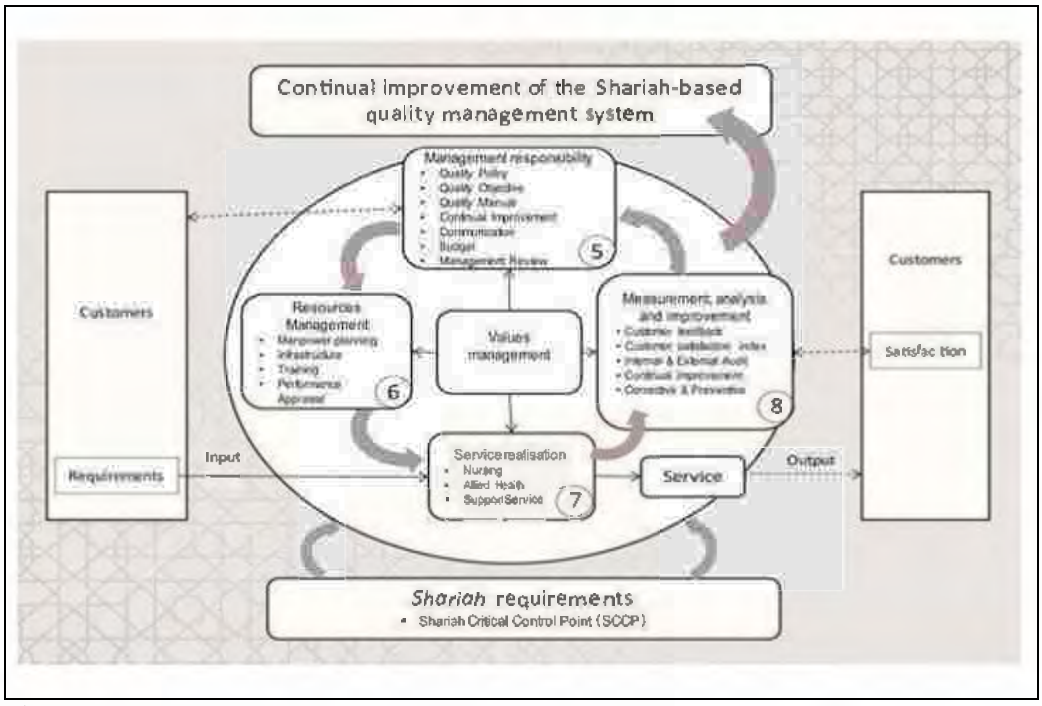


Figure 1.2
Theoretical Framework of Shari'ah based Quality Management System
Source: MS 1900:2014, 2014

This standardized structure for the quality standards based on *Shari'ah* can be set across all industries. The specific requirements for a particular sector will have to deal as per case basis. However, the basic framework is modified to suit the selected industry. There is a need to develop a practical framework that caters for *Shari'ah* Compliant Quality System in Healthcare services. The structure is then tested in the hospital environment. The SOPs of SCH for the hospital management will comply with MS 1900:2014.

The framework derived through rigorous practices will serve as a reference for any other hospitals that require similar certification. The components of the hospital consisted of a team of people with existing medical experience and procedures using the latest medical devices and patient care work processes. Such systems of research materialize into SOPs.

These SOPs include the *Shari'ah* Critical Control Points, SCCPs. The SCCPs has been regulated by a process, guided by a *Shari'ah* Advisory Council, SAC. SAC forms part of the organisational structure and is a reference whenever issues related to *Shari'ah* arise. The SAC discussed the relevant issues in the SCCPs for implementation purposes. Members of SAC are from Islamic jurisprudence background whose advice referred to *Shari'ah* matters related to Healthcare and Medical practices. SAC's composition is from experts in both *Shari'ah* and Healthcare.

Most SCCP items include aspects of *Fiqh 'Ibadah* (Islamic Worship Jurisprudence) and *Fiqh Mu'amalat* (Islamic Business and Financial Jurisprudence). The hospital requires to employ *Shari'ah* Compliant Officers (SCO) besides the presence of SAC. SCO's primary role is to handle operational issues on day today, in the hospital. The SCO will also report any abnormalities that registered for the next *Shari'ah* committee meeting. The essential components that reflect the character of an SCH are as follows:

1. Basic principles of *Shari'ah* understanding and its implementation.
2. Understanding *Halal* and *Haram* principles.
3. Understanding *'Ibadah* and *Mu'amalat* principles.
4. Implementation of quality concept in Islam.
5. Establishing Islamic core values in the hospital.

It can, therefore, be clearly stated that the creation of an SCH will entail the establishment of the required structure. The documents capable of complying with the MS 1900:2014 SBQMS Guidance Requirement to provide SOPs to the intended hospital and subsequently implement those SOPs in compliance with the guidelines set out in MS 1900:2014.

1.2 Problem Statement

Ethics which seek to define the right and wrong of the behaviours are intrinsically related to morality and the good and the unfortunate set of actions in a given situation. For medical practitioners, they have to observe medical ethics as practised in their profession. They have a governing body known as Malaysia Medical Council (MMC) that governs their professional behaviour. The principal aim of the MMC is to ensure the highest standards of medical ethics, education and practice, in the interest of patients, public and the profession through the fair and effective administration of the Medical Act. Any questionable or unethical practices beyond standard medical ethics will be brought to the council for disciplinary actions (Malaysian Medical Council, 2019).

Patients place their trust for their health and lives in the hands of the medical practitioners, and their faith assumes that these practitioners will not do anything unnecessary, simply to increase their paycheque. It is for these reasons that this profession is highly regulated through the Hospital Act, and also the fees are being regulated through Malaysian Medical Association (MMA) (The Star, 2013). No one would ever think that a doctor would fake diagnosis to collect money. It is imprudent and yet it happens with cancer. Based on the volume of patients, medical doctors' income can be generated through kickbacks and commissions when treated patients with specific pharmaceuticals. However, there are still cases of improper behaviour by medical practitioners that were brought to light through media. These were many cases of fraudulent practices by medical doctors who defaulted through their unethical practices. The example is a 79 year old doctor from New Jersey for his role in a US$200 million health fraud scheme, faced prison sentence after the jury found him

guilty on charges of bribery. According to a statement by the Department of Justice, U.S. Attorney's Office, District of New Jersey, Bernard Greenspan was convicted by the federal jury for up to 20 years in prison when he was sentenced on 20th June 2017 for embracing the bribery (Finnegan, 2017).

The other example is Dr. Farid Fata, a famous cancer doctor in Michigan who confessed in court one year ago deliberately and falsely diagnosing healthy patients with cancer. Dr. Fata admitted to supplying them with chemotherapy drugs to raise money (Passa, 2017). Another quote from a retired Oncologist, Dr. Sayed Mohammed, who admitted seeing the phenomenon more than a decade ago said;

"All of these unscrupulous doctors are like businessmen without a conscience. The only difference is they have your health and trust in their hands, a hazardous combination when money is involved" (Passa, 2017).

The private hospitals and managed care organisations deny their responsibilities for the ballooning bills. The irony is that while the doctors claimed they are struggling to survive when the patients complained of high medical fees. There were newspaper reports about doctors charging for higher fees as complained by a retiree P. S. Teh, reported in The Star. Her particular bill was charged with high fees at a private Healthcare provider. It was reported that her family had to fork out almost RM 60,000 on medical expenses for their 87 year old mother. Her mother was hospitalised and warded for a week in the Critical Care Unit (CCU) of a private hospital in the Klang Valley. She was then being placed in a single-bedroom where she stayed for a total of 35 days in the hospital (Chin, 2013).

Since the early 1980s, workplace bullying has been identified as a significant stressor in employment. In recent years, bullying has become more recognised in the medical profession. The detrimental effects of workplace bullying can be classified as decreased job satisfaction, absenteeism, anxiety and the worst case is depression. These can impact on staff retention and the staff services on quality of patient care.

From an overall response rate of 33% (123/373), 50% ofresponders stated that they experienced at least one episode of workplace bullying. The primary source of workplace bullying was nurses segments and consultants in similar proportion. The most significant prevalent workplace bullying was criticism which cannot be justified. Out of the 50% responder, only 18% of them had submitted their complaint formally (Scott, Blanshard & Child, 2008).

In the local scenario, it was reported on 23rd July 2008, Deputy Director-General of Health (Public Health) Datuk Dr. Azman Abu Bakar mentioned that there were avenues for housemen to seek help if they experienced bullying at the workplace. He said this after a study revealed that nearly 80% of junior doctors in Malaysia claimed that they had experienced bullying at work (Fiona, 2018).

In another report by Free Malaysia Today (FMT), the poll conducted among members of the Doctors Only Bulletin Board System (DOBBS), an online forum which brought together medical doctors in Malaysia, found that 79.63% of participants said they had experienced bullying. Of these, 71% said their experiences were serious enough to be categorised as symptomatic bullying.

"It seems there is an unhealthy work culture in the training of junior doctors in Malaysia. While some amount of admonishment is to be expected during the training period, it should not reach a level of bullying", said Dr. Alan Teh on behalf of DOBBS which has over 16,000 members comprising medical doctors (FMT, 2018).

There is also the ill-defined concept prevalent in the community that *Shari'ah* compliance organisation only needs to uphold only significant components of Islamic principles, i.e. serving *Halal* foods and observing the *Hijab*. That was the case of a low-cost airline which claimed a third party was not accrediting a *Shari'ah* compliant airline wherein. The airline was in operation for less than a year and had already closed down (The Star, 2016). However, it had left a profound impact on the understanding of what is *Shari'ah* compliance.

In *Buletin Mutiara* on 4 February 2017, published in Penang, according to the statement of the Deputy Minister of Health who was also the Member of Parliament for Balik Pulau, Datuk Seri Dr. Hilmi Yahaya misunderstood the difference between SCH and '*Ibadah* Friendly Hospital, IFH as practised in many government hospitals.

Datuk Seri Dr. Hilmi only mentioned opinions based on views from the Department of Islamic Development Malaysia (JAKIM) without referring to the *Shari'ah* compliant certification of MS 1900:2014 issued by the SIRIM. It has been argued that *'Ibadah* friendly is not the true concept of *Shari'ah* compliance (Yusof, 2017). Therefore, there can be three (3) significant gaps from the above narrative:

1. Although there are clear ethical guidelines by professional bodies for medical practitioners to uphold, the actual practices are far from perfect idealism.

Unethical cases are still prevalent in medical practices as reported (Adilah, 2018).

2. The workplace bullying is still a common phenomenal in local hospital environment when a houseman was bullied by senior doctors. Therefore for a more friendly and positive workplace where there exist the feeling of brotherhood and willingness to help fellow colleague, and Islamic environment will be encouraged and prospered (Basir & Azmi, 2011).
3. The understanding of *Shari'ah* compliance is still debatable amongst Muslims due to lack of knowledge of Standards which is already established by SIRIM. No organisation can be labelled as *Shari'ah* compliance when the organisation does not fulfil the essential requirement of MS 1900:2014. Hence it is pertinent to ensure an organisation did not claim as *Shari'ah* compliance before the organisation is certified MS 1900:2014 (Basir & Azmi, 2011).

Realising all the gaps above, the development and establishment of a *Shari'ah* compliance understanding are crucial, and there is a need for the SCH since the fraud cases involving Healthcare, and Medical practitioners will be eliminated through proper monitoring by the third party. The need for SCH will assist in the fulfilment of those gaps, although it may require the establishment of a practical framework in the development of an SCH. The establishment of an SCH is very much dependent on the development of the necessary SOP documents. Therefore it is critical for the research to be conducted to investigate the actual components and elements of SCH practices which will then progress towards the development of a practical SCH framework.

1.3 Research Questions

The following research questions were established from the above problem statements:

1. What are the present practices of SCH in Malaysia?
2. How is MS 1900:2014 been implemented as SCH?
3. What are the challenges and factors for successful implementation of SCH?
4. What are the benefits of being SCH for a Healthcare service provider?
5. How does the practical SCH framework be developed in the context of Malaysia?

1.4 Research Objectives

The main general objective is how a Healthcare service provider can be certified as SCH through the implementation of MS 1900:2014 and simultaneously explore the benefits of being SCH. From the research questions, the research objectives derived are:

1. To examine the present practices of SCH in Malaysia.
2. To establish how MS1900:2014 is being implemented for SCH.
3. To determine the challenges and the factors in the successful implementation of SCH.
4. To affirm the benefits of being SCH for a Healthcare service provider.
5. To develop the practical SCH Framework for Malaysia.

The initial objective is to understand the present elements and components of SCH practices. Then the study proceeds with the available standard practices. MS 1900 provides the theoretical framework which is generic for all industries. From here, how it is implemented with the challenges the operators are facing, are discussed. It is

important to delve into the benefits as *Shari'ah* compliant operator and how the operator is able to successfully sustain the certification. Finally, the ultimate objective is to develop a more practical SCH framework that fulfils a *Shari'ah* Compliant Quality Management System for Healthcare providers. Once established, the model will allow for institutionalisation and then implemented as the compliance requirements. It will then serve as a guideline and also a reference for any hospital to be certified as an SCH in the future.

From the theoretical framework provided by MS 1900 then developed a conceptual framework as per practised by SCH and developed a practical framework as a guideline, much simpler to be implemented in actual hospital environment. The stages are shown in Figure 1.3 below:

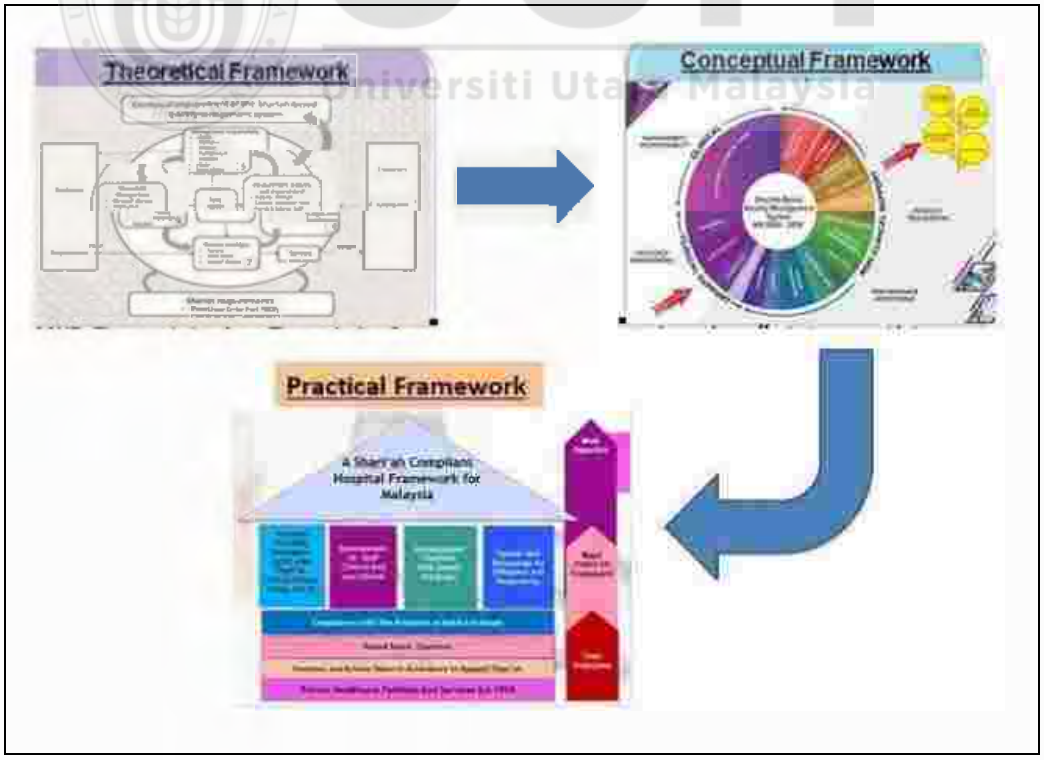


Figure 1.3
Stages from Theoretical Framework (MS 1900:2014) to Conceptual Framework and to Practical Framework

1.5 Significance of the Study

The significant primary contributions of this research would be in two (2) categories:-

1.5.1 Contribution to Academic Knowledge

This study provides a novelty contribution in literature review collection since there are still lacking in qualitative research on SBQMS. The qualitative study provides a natural setting and also the best form of exploring new study, especially in the aspect of implementation where the standards are based on *Shari'ah.* It will enrich the knowledge discipline in SCH specifically and also in *Shari'ah* compliant institutions generally. It is capable of being a reference platform to academicians, students and the public at large on SCH besides assisting researchers to further develop in this field of study.

The other significance of this study is that it opens the doors for other researchers to explore the effect of implementing MS 1900 for a Healthcare service provider. It will assist in contributing to higher productivity and efficiency of the Healthcare service providers. It also indicates the significance of contributing to customer satisfaction after certification as MS 1900:2014 certified service provider. Not only will it improve the organisation's productivity but also attract significant Medical Tourism programs in which Malaysia is also a leader in promoting this activity. From 643,000 arrivals in 2011 when the MHTC was privatised, Malaysia attracted 1.2 million arrivals last year, thanks to its affordability and easy access to world-class quality Healthcare facilities and services. Meanwhile, revenue generated by those arrivals during that period has surged from US$127 million in 2011 to US$362 million in 2018 (Thomas, 2019).

1.5.2 Contribution to Healthcare Industry and Practitioners

The study will propel a much more practical framework and guidelines for Healthcare providers to undertake an SCH accreditation based on MS 1900. It will also fill the gap of many other studies on ISO 9001 for quality management system in hospital (Heuvel, Koning, Bogers, Berg & Dijen, 2005; Hillary, Justin, Bharat & Jitendra, 2016; Motwani, Cheng & Madan, 1996) although this study revolves on MS 1900:2014. The significant differences are the Islamic aspects since MS 1900 emphasised on a holistic approach by introducing three (3) additional significant elements, namely:

1. Principles of *Halal* and *Haram*.
2. Organisation that operates based on values system.
3. Decisions or actions executed are in accordance with the *Maqasid Shari'ah*.

Since the research is a significant study in MS 1900 implementation for a Healthcare service provider, it will serve as a guideline for others to follow. The study can provide valuable and significant contributions on how the MS 1900 certification can be implemented with the consideration of the challenges and factors that have a substantial contribution to successful implementation. The strength and challenges highlighted are areas of concern in the development and growth of knowledge in the field of SBQMS.

1.6 Scope and Limitations of the Study

The scope of the study is based on the current MS 1900:2014 SBQMS as the measurement instrument to qualify as SCH. It focuses on the approach of implementing the SBQMS and the challenges of the implementation.

The participants included in the study are academicians who have done extensive research on MS 1900 and medical practitioners who have vast knowledge and experiences in implementation in MS 1900. The other scope of the study involved the hospital itself, which has been awarded the certificate for MS 1900 and how is the implementation of the MS 1900 in their organisation.

The scope of the study is more guided by its concentration on the internal staff. It is limited to the management, the middle managers, the consultants (doctors) and the SCOs who are directly involved in the preparation and also the implementation of the SBQMS.

The apparent limitation of this research is the use of An-Nur Specialist Hospital, (ANSH) as the primary reference for the case study. It is because ANSH is presently the only hospital certified with the MS 1900:2014 SBQMS standard in Malaysia. There are IFH, but it will be a precursor towards the criteria for SCH. Thus, the choice of ANSH is appropriate. Nevertheless, the study includes the progression of ANSH after having achieved over the years, from a shop lot 30-bedded hospital to a more prestigious well-equipped and modern 100 bedded multi-disciplinary tertiary hospital.

The next scope is related to the data collected from the participants when answering the semi-structured questions intensively during the interview. The quality response from the interview is very much dependent on the sincerity of the participants. The other sources of data are works of literature selected based on related studies. The studies are mainly on MS 1900, Islamic Quality Management System, *Shari'ah* compliance in other service industries and SCH. The data collected are being analysed

qualitatively in the form of case study with descriptive analysis methods utilising the software NVivo™ Version 12 Plus.

1.7 Definition of Key Terms

1. Hadith: Prophetic tradition from the Prophet Muhammad SAW saying, doing or reaction.
2. *Al-Ijma'*: The consensus of opinions of the compamons of the Prophet Muhammad SAW after his death or agreement reached by learned jurist on Islamic matters.
3. Qur'an: The word of Allah as revealed unto the Prophet Muhammad SAW. It contains guidance for mankind at all times.
4. Sunnah: The practices carried out by the Prophet Muhammad SAW during his lifetime.
5. *Aurah:* The part of the body which is forbidden for either man or women to see other than a *Muhrim.*
6. *Dana Rahmah:* Fund set up by ANSH to provide easy payment scheme for their medical treatment through subsidies or funded through *Medik An-Nur*.
7. *Fatwa*: A decree or legal opinion given by the *Fiqh* council.
8. *Halal:* Things or actions that are lawful in Islam. Opposite to it is non-*Halal* or *Haram.*
9. *Hijab:* A hijab is a veil worn by some Muslim women in the presence of any male outside of their immediate family, which usually covers the head and chest. The term can refer to any head, face, or body covering worn by Muslim women that conforms to Islamic standards of modesty.

10. *Maqasid Shari'ah*: The Objectives of *Shari'ah* and the rationale of the *Shari'ah*. It encompasses all aspects of life, political, social, economic, religious and cultural.
11. *Medik An-Nur*: Fund set up between *Yayasan Kebajikan Negara* (National Welfare Foundation) and ANSH.
12. *Shari'ah*: The Islamic law that regulates the daily life of every Muslim in every aspect of life.
13. *Shari'ah* Advisory Council: Internal or external qualified personnel who will be accountable to advice, review and endorse the *Shari'ah* matters pertaining to SCCP or any other issues related to the organisation.
14. *Shari'ah* Compliant Officer: A qualified person with an educational background in the field of *Shari'ah* studies or revealed knowledge who will be accountable to monitor the observance of *Shari'ah* requirements in the organisation.
15. *Shari'ah* Critical Control Point: A point within the organisation's activities or processes at which controls can be applied and non-compliance to the principles of *Halal* and *Haram* and principles of *Mu'amalat* can be prevented and mitigated to ensure compliance to *Shari'ah* requirements.
16. *Wakaf*: is the religious endowment practised in Islam.

1.8 Organisation of the Thesis

The thesis is organised into five (5) chapters with each chapter systematically structured to address all aspects in all undertaking of this research.

Chapter One presents the research components of the study including research background, problem statement, research questions and objectives, the significance of

the study, scope and limitations of the study, definitions of key terms and finally the organisation of the thesis.

Chapter Two proceeds with the introduction by providing an overview of the content. The literature review focussed on three major components namely ISO Standards, MS 1900 and also on the concept of *Shari'ah* compliant institutions and hospital. Finally it examines the implementation of SCH at ANSH as the first private hospital awarded with MS 1900:2014.

Chapter Three delves on the research design, instrumentation and its development. The chapter also touches on methodological issues such as purposive sampling size and the justification of the samples. It also delves with the validity and reliability of the study.

Chapter Four deals with data analysis and the results presentation with the use of NVivo™ Version 12 Plus. The findings of the research are also presented.

Chapter Five relates to the objectives of the research and provides answers to all the research questions. The conclusion provides with the SCH Framework in Malaysia. This chapter concludes with three (3) new areas to undertake for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter aims to build a theoretical foundation upon which the research is based by reviewing the relevant literature and to identify research issues or gaps that have not been responded by previous researchers. The chapter proceeds with the introduction of quality management system through ISO 9000 in Healthcare industry. The MS 1900 which is based on ISO 9000 has the Islamic elements embedded in MS 1900 standard. The chapter then touches on *Shari'ah* compliant institutions in service industry such as *Shari'ah* Compliant Hotel (SCH). The chapter focuses on SCH and finally An-Nur Specialist Hospital (ANSH) was presented as the only SCH at this moment.

2.2 Quality Management in Industry and Healthcare

Quality management is a timeless concept. For Manufacturing and Services industries to sustain in business, enterprises have found better ways to meet customers' expectations. For Healthcare professionals, searching for the latest methodologies to ensure care for patients is always the highest priority. For all industries, it has always been to provide quality products and services; however, the way it has been achieved in Healthcare has evolved differently compared to other sectors (Spath, 2013).

The ISO 9000 series that define requirements (9001) and guidelines (9004) for quality management systems are standards. The standards were first issued by the International Organization for Standardization (ISO) Geneva, Switzerland in 1987. The ISO 9000 series was revised in 1994 and 2000. The same standards can be applied

to any organization, whether large or small, since the standards are generic. It means that, whatever its products or services that an organisation offer in any sector or activity, it is still relevant and can be applied whether a public administration or a government department or a business enterprise (Othman, 2015). It contains the requirements to be fulfilled by organisations in implementing quality management system (ISO Geneva, 2008). The standard is generic and it can be implemented in every type of organisation. It does not specifically emphasize on how the organisation provide the service (Lee, To & Yu, 2009). The core of quality management measures the quality (Shewhart, 1931). Similar aspects of Healthcare quality management have been identified (Donabedian, 1987b). By introducing quality standards and quality awards, quality control is better accepted into practice (Johannesen & Wiig, 2017).

2.2.1 Industrial Quality Evolution

In the Manufacturing industry, the quality movement was started by three (3) men in 1920s at Western Electric Company in Cicero, Illinois. The three (3) men were Walter Shewhart, W Edwards Deming, and Joseph Juran who introduced the application of the science of quality improvement to the company's production lines. Statistical methods were used by Shewhart to measure variations in the manufacturing process of the telephone equipment. The process enabled the reduction of waste, and by controlling undesirable process variation, the product quality was improved. Shewhart was referred to as the father of statistical quality control (Spath, 2013).

Shewhart's methods were learned and utilised by Deming (1994) who made measurement and control of process variation as critical elements of his philosophy of quality management. Deming was invited by Japanese manufacturing companies to

assist them in improving the quality of their products after World War II. As a result of Deming's advice over several years, Japanese low-quality products developed to be world-class. The Plan-Do-Study-Act (PDSA) cycle which was renamed as the Deming model for continuous improvement is a modified Shewhart's original model (Uselac, 1993).

Juran (1989) model framework, which linked Finance and Management, has combined the science of quality with its practical application. Juran Quality Trilogy introduced the framework components as follows:

1. Quality Planning: Define customers and how to meet their needs.
2. Quality Control: Keep processes working well.
3. Quality Improvement: Learn, optimise, refine and adapt.

Juran like Deming assisted in the jump-start product improvements at manufacturing companies in Japan. Juran focused more on the managerial aspects supporting quality, whereas Deming emphasised on measuring and controlling the process variation.

Another individual that brought significant impact to contemporary quality practices in the industry was an engineer named Kaoru Ishikawa. He incorporated the science of quality in Japanese culture. He was the first person to emphasise the importance of participation of all members of the organisation rather than just the management level employees only. He believed that top-down quality goals could only be achieved through bottom-up (Best & Neuhauser, 2008). He introduced the concept of quality circles. These circles are a group of three (3) to twelve (12) frontline employees. They meet regularly to analyse problems in production. The groups then proposed the solutions to management (Ishikawa, 1990).

Ishikawa recommended the use of data for processes measurement and improvement that affect product quality, should be trained to employees. Through the data collection and presentation technique, the production process was improved, hence, improving product quality. The contributions by Shewhart, Deming and Ishikawa have laid the foundation for many of the modern philosophies on product quality improvement. Their contributions to industries have been proven very effective. It has remained fundamental to quality improvement in all sectors (Spath, 2013).

2.2.2 Evolution of Healthcare Quality

The American College of Surgeons (ACS) was incorporated in 1913 to address qualitative variations in medical education. Afterwards, ACS developed the hospital standardization activities to address the quality of the medical services in which physicians worked (Merry, 2003). During the time Deming and Juran were the Japanese manufacturer's advisors, the ACS hospital standardisation activities were turned over to the Joint Commission, JC. JC is the United States' oldest and largest Healthcare accreditation group that assesses and accredits to more than 19,000 Healthcare organisation (Spath, 2013).

Donabedian (1980) reiterated that, the broader definition of quality is formulated in the context of health maintenance organisation which will cover:

1. The medical practitioner's manner in managing personal interaction with the patient.
2. The patient's contribution to care.
3. The amenities of the settings in, which care is facilitated.
4. Facilities to care are accessible.

5. The social distribution of access.
6. The social distribution of the health improvements attributable to care.

At the same time, the definition of health which is the product of care beyond physical and physiological function was to include ultimately, very much like the quality of life (Donabedian, 1980).

The relationship of cost to quality continues to be a source of difficulty when the consequences of quality monitoring and cost containment are to be assessed (Donabedian, 1982). A form of inefficiency can result from clinical decisions by adding elements of useful care, even though the corresponding increases in health improvement are too small to justify the added expense. The choice for additional development against the cost of providing quality services is still an issue about the relationship between price and quality, which are still ambiguous and inconclusive (Donabedian, 1987a; Sofija & Biljana, 2014).

2.2.3 ISO 9001:2008 Quality Management System and Healthcare

It has been expected that Healthcare service providers are to provide an adequate service level quality of care. A community furthermore demands that transparency, efficient utilisation of public funding, and accountability are to be observed (Relman, 1988). As stated by the Institute of Medicine (IOM), Healthcare harms too often, and it fails routinely to deliver its potential benefits (IOM, 2001).

Hence the opportunity to do better in quality because of poor services or products is usually related to the fundamental design processes. It is not due to lack of skill or the determination of staff, or lousy intention of employees (Berwick, 1989).

It emphasised, therefore by IOM that the necessity to redesign the Healthcare delivery processes to improve the quality of care is due to the highly fragmented and care processes which were poorly designed. In any hospital organisation, it is, therefore, essential that quality management and its implementation be structurally established to emphasise the process control and process improvement (Eggli & Halfon, 2003).

The ISO 9001:2008 in Healthcare quality management can be fully understood if one can look closely at the way quality is defined (Donabedian, 1987b). Garvin has identified five (5) significant approaches to defining quality in the industry (Garvin, 1984). Presently definitions of quality can be approached in one of these ways:

1. Firstly, philosophy's transcendent approach notes that condition cannot be described and is inherent excellence.
2. The second states that quality reflects the presence or absence of attributes of a measurable product. It means more quality (attributes) means more costs, from the product-based approach of economics.
3. The third approach is the user-based approach of economics, where those goods that best satisfy their preferences have the highest quality. Here, individual consumers have different wants or needs, and the approach is based on marketing and operations management.
4. The fourth is based on the manufacturing approach, which defines quality as conformance to requirements. This approach heavily based on product designs and also very much depending on the manufacturing process. The solution would lead to the lowest possible costs that include quality changes and minimising defects.

5. The fifth is the value-based approach based on operations management. According to this view, a quality product is one which can deliver a reasonable price and which can achieve an appropriate cost. The quality product is one that provides performance.

In conclusion, Garvin stated that for a company, the primary source of problems is when a company relies on a narrow definition of quality. Hence, these different approaches will need to be cultivated by companies.

In Healthcare, ISO 9001 is viewed with different quality approaches. Unfortunately, Healthcare professionals adopt a transcendental approach. For any quality improvement initiatives, quality must be able to be defined and to measure or else condition will severely impede. How ISO 9001 stimulates health care workers is through the definition, measurement and improvement of quality aspects. ISO's emphasis on objective analysis and statistics, has proved to be an excellent counterbalance in a hospital. It is also a more subjective and rational (transcendental) approach to provide Healthcare facilities (Eggli & Halfon, 2003).

In Healthcare, the representation of the three (3) methods, namely product-based, client-based and manufacturing-based and how consistency was observed with a very curious trend. Patients are considered not only customers, but patients are also product, and patients are considered to be the most critical component of the manufacturing process (i.e. Healthcare) since the entire flow of how patients are treated. Hence, the three quality definitions are applicable. Therefore, it is the duty on Healthcare providers to maintain a synergistic flow across the entire treatment cycle of patients in handling all three (3) consistent strategies that are in collaboration with each other. It

largely explains the work's complexity and the enormous challenges faced in Healthcare quality management (Donabedian, 1987a).

By the same concept, increasing the quality of the Healthcare delivery cycle would result in reduced costs and a better level of patient care. It is because the patient is part of the process of manufacturing. It is possible to improve the standard of health care by reducing the number of tests, shorter waiting times and few stops period. A decrease in the name of errors, defects, with less unnecessary interventions and complications is seen as another quality of patient care (Ahmed, Abd Manaf & Islam, 2017).

Furthermore, the demands for product attributes by patients are linked to ISO 9001. It is expected that Healthcare staff should not provide care that patients are not planning to receive, and this way, it will also reduce costs (Arah, Klazinga, Delnoij, Ten Asbrock & Custers, 2003).

In industry, a high-quality manufactured product can be produced irrespective of, or even when a large number of defect products are refused. The high-quality product experienced by the customer is opaque, as the customer is neither aware of the unwanted output of a defective manufacturing process, nor is it inflicted. A process that produces defects and reworks directly affects our patient's safety in Healthcare. Unlike in industry, a defective product will be dismissed and removed from the process. It has been described that ISO 9001's positive effect is on medical error reduction. ISO 9001 is also a valuable method for ensuring patient health. It can be useful by reducing the number of errors that arose because of the Healthcare processes (Haque, Sarwar, Yasmin, Anwar & Nuruzzaman, 2012).

Contrary to industry practices, the final approach is the value-based approach. This approach is based on the mechanisms of pricing that might not work well in health care. Patients, in general, are looking for maximum quality while the insurance companies are seeking for the lowest price. A reimbursement system that explicitly rewards additional quality of care is not common to a hospital. As a result, the hospital is in a dilemma between these conflicting demands, especially the quality of care and the minimum cost to insurance companies.

Hence the only sensible policy is to increase efficiency while safeguarding the quality of care at least, for the hospital. To illustrate the above, the only way to achieve this is to invest in improving the Healthcare process in the hope that this will consistently reduce costs while maintaining patient care of higher quality. Hence ISO 9001 primarily focuses on the improvement of the services process simultaneously allows the Healthcare organisation to utilise the best quality management tool (Sofija & Biljana, 2014).

2.2.4 The Benefits of ISO 9001 Certification

Staines (2000) outlines the benefits of being ISO 9001 certified. These are justified through:

1. The organisation is forced to handle both operational quality issues and philosophical.
2. The implementation of the new legislation will be accelerated.
3. It will provide traceability to the organisation.
4. There is a widespread feeling of pride and motivation.
5. It ensures global re-examination.

6. It will ensure sustainable quality.
7. It will facilitate the training of new staff members.
8. It allows each staff member to embrace a more global understanding of his activity.
9. Each staff member is provided with a comprehensive knowledge of the operations of the hospital.
10. The management commitment towards Total Quality Management (TQM) is being demonstrated to the hospital staff in the organisation.

ISO 9001 lacks the cultural dimension since it is purely on standard operating procedures which are relatively formal and technical. The change will not take place in an organisation because of new processes, regulations, and documentation introduced in the hospital. The hospital changes its cultural dimension when there is a belief by the staff that they should change and also wanted to change. In term of corporate culture, the change can be inspired and promoted by the commitment of the management team and the participation by the staff.

A vision for a real quality spirit should be introduced with a high impulse, before undertaking an ISO certification. Any structural problems or issues should be dealt with before going into ISO and before any noticeable or significant organisational changes are introduced. Otherwise, the approach will lose its credibility (Plesk & Wilson, 2001).

Further, the staff may think that ISO is similar to coating new paint on a crumbling wall. There will be a time when a trade-off has to be made in the project between the

way ISO requests are presented and the way that is most useful to the operators who operate the process. Staff should be communicated at every opportunity to spread the message of the project's meaning and to inform where the project stands and also how everyone can assist in ensuring the success of the project. Where errors are often made in most hospitals are due to essential paperwork is missing, and necessary procedures are often only verbally conveyed. Through ISO all these practices are now structurally being managed through proper documentation. The documentation is not a specific specialisation by either one person or a small group of people. Processes are completed registered, and lots of essential indicators are displayed to staff (Ho, 1999).

From above discussion, ISO 9001 is recognised as industry standards for quality management system in Healthcare. In term of sites for Healthcare industries, survey carried out by ISO indicated that there were 14,566 sites in 193 countries certified ISO 9001:2015 (ISO Survey, 2019).

2.3 MS 1900:2014 *Shari'ah* Based Quality Management System

2.3.1 Background

Tun Ahmad Sarji Abd Hamid ex-Chairman of Standard and Industrials Research Institute of Malaysia (SIRIM), initially mooted the idea of establishing MS 1900:2005 in 2003. Being the Chairman of SIRIM at that time, he started with the development of Industrial Standards Committee for Halal Standard, (ISCH). The ISCH was aimed to develop the food and non-food products in the management of halal standard. The Malaysian Standard and Accreditation Council (MSDAM) gave a mandate to ISCH for the setting up of MS 1900:2005 on 18th Feb 2003 (Salwa & Bustamam, 2013).

"I noticed that one of the major problems that concerned work quality in Malaysia was the absence of a standard based on Islamic guidelines that could be made as a yardstick or gauge to evaluate the efficiency to activities held by the particular organisation. These organisations were frequently linked with issues related to transparency in the administration, corruption and lack of enthusiasm for the task entrusted, not safeguarding the welfare of stakeholders (employees, clients, shareholders, community and environment) and the rest. In other words, the focus and appreciation of Islamic noble values were not given serious attention by the management. Hence I felt that it is time for us to develop a quality management standard that can be applied by the industries as well as the public and private service providers" –Tun Ahmad Sarji quoted (Salwa & Bustamam, 2013).

The significance of MS 1900:2005 is that it focuses on Islamic values and principle. It ensures that there are continuous quality and standard for products and services with the presence of a surveillance audit (Othman, 2013).

The development of MS 1900 was aimed to ensure that an organisation is managed with the practices of the quality management system following *Shari'ah* principles. The foundation of the MS 1900 implementation was based on the principles of the ISO 9001. Three (3) major additional principles are embedded in MS 1900 in addition to ISO 9000, namely:

1. The understanding of the principles of *Halal* and *Haram*.
2. Operation is based on values system.
3. Decisions taken are in accordance with the *Maqasid Shari'ah* (Basir & Azmi, 2011).

The standard requires organisations to identify *Shari'ah* Critical Control Points, SCCP throughout their processes in the form of SOPs, guided by the principles of *Halal* and *Haram* and principles of *Mualamat* (Business Transactions) (Standard, 2014).

Islamic core values are integrated into ISO 9001 by the MS 1900. MS 1900 is unique in that Islamic terms like *Shari'ah* Advisory Council (SAC), *Shari'ah* Compliance, *Fiqh, Shari'ah* Compliance Unit, *Halal*, Qur'an, Hadith, Sunnah, *Al-Ijma* and *Fatwa* are embedded in the standard. MS 1900 was built according to the ISO 9001 system, and any revision of ISO 9001 would also impact MS 1900.

Internal and external parties, including certification bodies, can adopt this standard to evaluate the capability of the organisation to meet customers' requirements and also regulatory compliance in accordance with the *Shari'ah* principles (Standard, 2014). The standard objectives are:

1. To teach, practise and enhance *Shari'ah* compliance with the quality management system of the organisation that emphasises on universal values.
2. To enhance the efficiency of the organisation and good governance which is consistent with the Islamic principles.
3. To enhance satisfaction and provide confidence among Muslims and other stakeholders of the transaction (Mohd Ali, Basir & Ahmadun, 2016).

Many non-Muslims relate the term *Halal* to standard Islamic management, as Syed Azauddin (2005) has stated. The word *Halal* is therefore widely accepted in various fields which include the business sector. To penetrate the Muslim market, businessmen must put the *Halal* logo on their products. However, as reported, there have been

abuses by a business organisation to place the labels or logo illegally on their products without the approval of the authorities. These problems will affect the confidence and trust of customers and stakeholders and tarnish the Islamic authorities (Syed Azauddin, 2005).

2.3.2 SIRIM and MS 1900

In Malaysia, the national standards and accreditation body is designated to the Department of Standards Malaysia (Standard Malaysia), under the Ministry of Science, Technology and Innovation. Following the restructuring of the Malaysian standardization system, SIRIM was established on 28th August 1996 in accordance with the Standards of Malaysia Act 1996 (Act 549). Standard Malaysia is also responsible for accreditation since it assumes responsibility for all activities that were undertaken previously by the Malaysian Accreditation Council.

Standard Malaysia appointed SIRIM Berhad as the sole national standards development agency. As a company wholly owned by the Malaysian Government, SIRIM Berhad was established on 1st September 1996 as the successor company to the SIRIM upon the enactment of the Standards of Malaysia Act in 1996. SIRIM QAS International Sdn., in the standard term Bhd. (SQI), is the leading registration, verification and research body in Malaysia. SQI was founded in March 1997 as a wholly-owned subsidiary of the SIRIM group. SQI has been operating under SIRIM Berhad for more than three decades to facilitate the certification, inspection and testing services. Currently, SQI has become the preferred choice from a broad cross-section of the economy for certification, inspection and testing needs for local and international customers (SIRIM, 2008).

SQI is an accredited certification, inspection and testing services provider under numerous bodies, including the National Accreditation Body, Standard Malaysia and the United Kingdom Accreditation Service (UKAS) among others. As the national standards development agency, their extensive expertise in standards and certification helps local companies' products meet the requirements of international markets (SIRIM QAS Intl., 2014a).

The MS 1900 standard defines the criteria for a *Shari'ah* compliant quality control program to ensure that the company being run follows widely recognized standards such as fairness, integrity, timeliness, honesty, truthfulness and discipline. It also ensures that all *Halal* and non-*Halal* aspects of all processes are effectively-identified, communicated and implemented for the delivery of products and services.

The features of the *Shari'ah* portion in MS 1900 take the aspect of *Aqidah, Akhlak* and *Fiqh* into account. In the case of *Fiqh*, the MS 1900 should consider how it is integrated into the company's organizational principles. The organization's SAC has the role in ensuring that SIRIM's audit monitoring is carried out responsibly and that the *Shari'ah* elements are correctly assessed and validated.

It is most appropriate that SIRIM is the agency that is credible to engage in such accreditation since it involves Standard Operating Procedures, SOPs and work processes. The significant auditing involves in two vital disciplines, mainly Healthcare and Islamic jurisprudence. The personnel is mostly from Health personnel who have been involved in hospital operation, and the Islamic jurisprudence is lecturer from Universities that have Faculty of Islamic Revealed Knowledge (MS 1900:2014, 2014).

2.3.3 MS 1900: Principles of the Islamic Quality Management System

The three (3) basic core principles of MS 1900 are:

1. Understanding in compliance with the principles of *Halal* and *Haram*.
2. The organisation has value-based operations.
3. The decisions or actions taken are referred to the *Maqasid Shari'ah*.

2.3.3.1 Principles of *Halal* and *Haram*

Allah SWT created all things on this earth are *Halal* and permissible unless those mentioned with clear proofs from the texts of the Qur'an and Hadith which are *Haram* or illegal and forms the basis of Islamic law (Yusof, 2004). Things which are dangerous or illegal or which are unsafe or unlawful are deemed hazardous or illicit from the Islamic viewpoint. If the advantages outweigh the hazards, they are *Halal*, and if the drawbacks outweigh the benefits, they are called *Haram* (i.e. Illegal).

An individual's life habits and worldly relations may be turned into *'Ibadah*, devotion and reverence of Allah if such practices are carried out with good intentions. Similarly, any action that is accomplished and accompanied by a Muslim in good faith is part of an article of faith. However, how noble the purpose is or how high the goal is, on the contrary, if an item is illegal, it will remain illegal no matter how good the intentions are. As a guide provided by Islam, they are normally *Haram* (i.e. Illegal) if things are dangerous to human beings. It encourages things that bring benefits (i.e. *Sunat*) and disapproves items that are unable to make a judgment (i.e. *Makruh*) (Yusof, 2004).

No product or services and also management program should contradict the principles of *Halal* and *Haram*. *Halal* is derived from the Arabic word *Halla*, meaning

permissible or allowable. Muslims may consume the goods, utilities, and foods which are *Halal. Haram* derived from the Arabic word *Haruma,* meaning unlawful or forbidden. Muslims are prohibited in Islam from consuming products, services or food which is considered *Haram. Halal* and *Haram* are explained clearly in Qur'an, Hadith and *Ijtihad* by Muslim scholars (Basir, Azmi, Syed Ismail, Ibrahim & Mohamed, 2017).

For organizations to acquire MS 1900 certification, the products and services offered by these organizations must comply with the *Halal* and *Haram* requirements. The organisations must specifically ensure that consumers are not served non-*Halal* foods such as pork and wine, and animals not sacrificed according to Muslim religious rites. In fact, companies can stop their financing involving *Riba* (Interest), which is also forbidden in Islam. Besides, equal opportunity and assessment must be given to all applicants during the procurement process. The process must be transparent (MS 1900:2014, 2014).

2.3.3.2 Value-based Operations

The relevant and dynamic properties of Islamic values have been consistent with human needs for a progressive organisation. As a universal religion, Islam offers many noble and moral values. In any organisational development, excellent and ethical values should be included as part of staff training. Islam has established guidelines on values highly considered as righteousness. The core ethics form the value of the services they provide. It is to be adopted by all employees and staff and ensure that the values are embraced and be part of the corporate culture. Ultimately everyone is judged by Allah SWT (Yusof, 2004).

Mohd Affandi (1992) stated that the concept of Islamic management and administration is to fulfil the original divine contract between man and Allah. Mohd Affandi (1992) further added that, this is because man serves as the vicegerent of Allah and a servant on this earth. This type of management will eliminate corrupt practices and injustice, given establishing order and equality in organisations and communities. The values, such as trust, sincerity, discipline, and dedication have become the attributes that are important in the manner how operations of an organisation are conducted.

This principle dealing is how an organisation incorporates Islamic values in its daily operational and strategic management programs and activities. The components of morality and a value system based on belief revealed to the Prophet, are considered virtues in the highest regard in Islam. Morality and values are part of *Tawhid*, which implies that one's behaviour reflects correspondingly with the Qur'an and Sunnah of Allah SWT. Any action that is contradictory with the Qur'an and Sunnah is outlawed and prohibited.

For an organisation that has MS 1900 certification, the organisation ensures that the values practised in the organisation are not in contradiction with Islamic values. Organisational values such as selfishness, greed, corrupt practices, exploitation, slander, and non-transparency must be eradicated. These immoral values will harm any organisation. Corporate values such as benevolence, teamwork, transparency, striving for excellence, honesty, tolerance, and fairness must be encouraged, cultivated and culminated amongst employees since these values are in line with Islamic values. It must be noted that Islamic values are actual values, universally recognized, and

accepted as positive values that will have a positive impact on the performance of the whole organisation and also produce healthy working environment (Basir & Azmi, 2011).

2.3.3.3 Actions and Decisions are taken following *Maqasid Shari'ah*

Auda (2010) describes *Maqasid Shari'ah* as the principles of the Islamic law that protect nature and prohibit individuals from engaging in harmful practices. Therefore, the purpose of *Maqasid Shari'ah* is solely for human benefit and to prevent any harm. In this respect, Abu Zahrah (1958) explained three (3) main facets of the *Maqasid Shari'ah.* The key aspects are:

1. To educate the objectives on every individual.
2. To uphold justice in the Islamic community.
3. To over-rule damage on humankind and the environment.

Human interests are divided into three (3) categories in Islam, as expressed by al-Qaradawi (2008). They are

1. Need (*Daruriyyah*).
2. Necessity *(Hajiyyah).*
3. Desire (*Tahsiniyyat*).

Darruriyyah is mandatory for human existence. The five (5) things that are in the category of *Darurriyyah* are:

1. Religion.
2. Life.
3. Intellect.

4. Property.
5. Lineage.

Hajiyyat are things that facilitate the implementation of *Daruriyyat.* The example given here is to provide premises for business activities which are contained in *Daruriyyat.* It is not a necessity because if there is no development in that area, then business activities can still be carried out through social media, for example, Facebook and or through classified advertisements in the print media. It is not a need.

Tahsiniyyat is to preserve social ethics, for example, and is placed on the last level. The efforts of *Tahsiniyyat* are included in the *Shari'ah*, which is desirable to be carried out that includes visiting the sick. Thus, the concept of *Maqasid Shari'ah* should be empowered and to be understood clearly by individual Muslim. Decision-making based on Islamic principles is guaranteed to provide justice to all sides, and this will lift humanity in places that matter most to humankind.

For MS 1900 certification, any decisions taken by the organisation are in accordance with *Maqasid Shari'ah.* If the decision made by managers could harm the Muslim faith, the organisation is not qualified to obtain MS 1900 certification.

2.3.4 MS 1900: Implementation Activities

The model for MS 1900 implementationdeveloped by Basir and Azmi (2011), demonstrated a theoretical model consisting of three (3) elements, namely:

1. Implementation steps for ISO 9001.
2. *Shari'ah* requirements in MS 1900.

3. Principles of MS 1900.

Basir and Azmi (2011) advocated that the basis of MS 1900 was ISO 9001, and hence any organisation that intends to obtain MS 1900 certification is recommended that the organisation implements the ISO 9001 first. In the ISO 9001 implementation process, there are 13 steps involved, and these steps are integrated with *Shari'ah* elements. These elements are embedded in the MS 1900 requirements. They also identified five (5) steps in the ISO 9001 implementation process that provide integration with *Shari'ah* elements. These include:

1. Understanding the needs of a quality system.
2. Preparing the SOPs documentation.
3. Demonstrating commitment by management and staff.
4. Clarifying policy on the quality management system.
5. Performance of the audit and management review.

Figure 2.1 below shows the implementation plan as proposed.

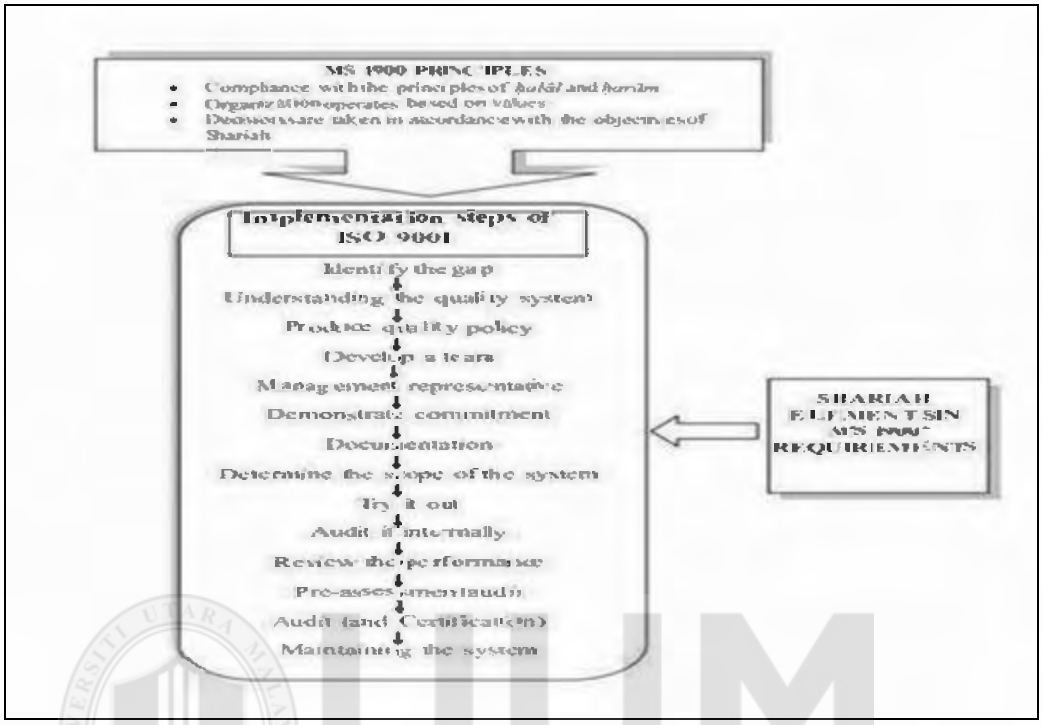


Figure 2.1
Implementation Steps of MS 1900
Source: Basir and Azmi, 2011

2.3.5 Issues and Challenges of MS 1900:2014

As mentioned in the Qur'an;

"Do the people think that they will be left to say, we believe, and they will not be tried?" (Surah al-Ankabut, verse 2).

The verse shows that Allah will test his believers to make evident those who are truthful and those who are liars. It means in everything we do (including business), there will always be a challenge before a success. Below illustrated the challenges in the industry, faced by Auditors and also Operators:

2.3.5.1 Auditor Viewpoints

In the auditing process, four (4) elements need to be addressed. These are:

1. Human resources.
2. Money.
3. Method.
4. Types of machinery or in short, 4Ms.

This 4Ms can be considered as the factors contributing to the success or the failure of a particular company. As mentioned by the SIRIM auditor, there were issues and challenges from SIRIM as auditor;

"In the process of auditing, SIRIM Berhad has faced several issues and challenges. While the participant company has its challenges, so do SIRIM Berhad. The auditors themselves, too, have faced some problems. At times, the company did not provide those material needed. The auditors need to request at that time. In that instant, it will consume much more time. Normally those documents should be prepared before the audit program. However, due to time constraint, auditors do appreciate their problems too, such as changes in management, staff transfer and so on. Due assistance by auditors is taken into consideration" (Salwa & Bustamam, 2013).

2.3.5.1.1 Business Financing

The auditor mentioned further;

"For a company certified by MS 1500:2009 (halal food, production, preparation, handling and storage), the auditors inspect at their production, from purchasing of

raw material until the storage and delivery of product/service. However, for the case of MS 1900:2014, the auditor will inspect the same aspect too. Still, then it will check the initial start-up from the paid-up capital needed by that company to operate the business whether the capital utilised is Shari'ah compliant or not? Simultaneously, the auditor will look at the investment part. On the Revenue side that goes into the company, whether it is Shari'ah compliant? The exposure of Islamic values to the employees is limited since MS 1500:2008 does not look at this part" (Salwa & Bustamam, 2013).

2.3.5.1.2 Manpower

It is required by the standard that every company which would like to apply for MS 1900:2014, it is compulsory to appoint a *Shari'ah* officer. *Shari'ah* officer will act as a person in charge of getting the certification project. Basically, the task is the same as an auditor, but the scope is a little smaller. By having a *Shari'ah* officer, it will be easier for a company to obtain the certificate. On human resources, the auditor mentioned the following;

"Sometimes, they lack knowledge. It is because whether they are new staff or they did not receive the full information. It meant that the information stopped somewhere; it did not reach them. For companies that engaged a Shari'ah officer, they faced with the same problem. The employment of a Shari'ah officer is to eliminate problem-related to Shari'ah however; sometimes, they are the one who created the problem or issue. Company A hired Azman as their Shari'ah officer as the requirement to get MS 1900:2014. The company engaged a Shari'ah officer but because he came from Usuluddin background and his first employment into the industry. Some of the

Shari'ah issues raised, he was not able to provide either relevant answer or justification. The company had to outsource expertise to recommend that issue. This situation takes time and cost. SIRIM, too, received many complaints from the industry since it is difficult to employ a Shari'ah officer. They advertised the vacancy, but there is no candidate" (Salwa & Bustamam, 2013).

Pertaining to this issue, there is a career opportunity, especially to those *Shari'ah* background graduates. In fact, by joining the industry, fresh graduates will get exposure and lead them to be a critical thinker and even a decision-maker.

2.3.5.1.3 Machinery

In term of machinery the auditor further clarified;

"The issue arises related to tools used in the business operation. Machinery is defined as any electrical or mechanical devices that modify or transmit energy to carry out or assist human in executing the tasks. Example; the business is using a weighing machine. The machine was not being calibrated either not in the SOP or reason due to staff ignorance. The staff does not know about calibration since he is not a technician. He assumed, as long as the machine is not broken, calibration is not required. Hence the SOP has to include such clause" (Salwa & Bustamam, 2013).

2.3.5.1.4 Marketing Issue

The other issue is the low take up rate of MS 1900:2014. It is due to the marketing of the product. All this while, MS 1900:2014 is not very well-known even among Muslim. Thus, SIRIM Berhad is trying to market MS 1900:2014 by pushing Strategic

Marketing and Business Development department, (SMBD) in promoting and marketing the standard. At the point of reporting in August 2017, there were 31 companies registered as MS 1900:2014 certified. Presently, there are 37 companies in June 2020. The list of companies is as per Table 2.1. The Auditor further emphasised;

"The auditor is also responsible for promoting the standard too. Seminar about this standard was disseminated among our existing clients. However, the problem is when the client may send the wrong person. They might send staff that cannot make a decision. It makes the information did not reach the appropriate level, and at the end, we did not achieve our objective. Majority of Muslim only aware of the Halal logo by JAKIM, not many know MS 1900:2005. Thus, there is a need to promote this MS 1900:2005 to those companies that awarded Halal certificate from JAKIM. There was a discussion with JAKIM about this but still not come into any conformity yet. We try to work out with JAKIM so the applicant of the Halal logo will go for MS 1900:2005 at the same time" (Salwa & Bustamam, 2013).

With this plan, there will be a paradigm shift among the Muslims. They should be aware of the existence of MS 1900:2014 and this might broaden their perception of *Halal* product/service. The emerging opportunity here is to society. According to Mohd Shukri Abdullah, the Chief Executive Officer (CEO) of Malaysian International *Halal* Showcase (MIHAS),

"Malaysia had been leading the global Halal industry for almost four decades" (Salwa & Bustamam, 2013).

In this case, MS 1900:2014 was targeted to those companies which were certified by ISO 9001:2015. At the moment, SIRIM is planning to expand the target market to those companies which certified *Halal* by Department of Islamic Development Malaysia (JAKIM). While the *Halal* industry is booming now, the target market should be more significant.

Table 2.1
List of Companies Certified with MS 1900:2014 as at June 2020

List of MS 1900

NO	NAME OF COMPANY	CERT. #	APPROVAL DATE	EXPIRY DATE
1	NATURAL WELLNESS HOLDINGS (M) SDN BHD (NATURAL WEL	AR4583	25-Apr-08	24-Apr-20
2	PNB PERDANA HOTEL & SUITE ON THE PARK KUALA LUMPUR-F	AR 4706	10-Oct-08	09-Oct-20
3	PNB ILHAM RESORT (previously PNB MANAGEMENT SERVICES	AR 5130	05-Mar-10	28-Oct-20
4	USIM-PUSAT JAMINAN KUALITI, DASAR DAN KECEMERLANGAN	AR 5146	26-Mar-10	25-Mar-19
5	UNIVERSITITENAGA NASIONAL	AR 5182	21-May-10	19-Jun-21
6	JABATAN KEHAKIMAN SYARIAH PERAK	AR5254	13-Aug-10	04-Jul-19
7	QSR STORES SDN BHD	AR5307	19-Nov-10	18-Nov-19
8	KOLEJ KOMUNITI GERIK - KEMENTERIAN PENDIDIKAN MALAYSI	AR5360	14-Jan-11	13-Jan-20
9	TABUNG BAITULMAL SARAWAK	AR5361	14- Jan-11	08-Nov-21
10	MALAYSIA AIRPORTS CONSULTANCY SERVICES SDN BHD	AR5567	23-Dec-11	24-May-19
11	MALAYSIAN ELECTRONIC PAYMENT SYSTEM SDN BHD	AR5558	23-Dec-11	22-Dec-20
12	JABATAN HALEHWAL AGAMA ISLAM PULAU PINANG	AR5700	14- Aug-12	13-Aug-18
13	PEJABAT SETIAUSAHA KERAJAAN SELANGOR DARUL EHSAN, BAHAGIAN PENGURUSAN SUMBER MANUSIA	AR 5787	01-Feb-13	22-Dec-20
14	USM TISSUE BANK, SCHOOL OF MEDICAL SCIENCES, HEALTH C	AR5869	23-Apr-13	22-Apr-19
15	ROYCE PHARMA MANUFACTURING SDN BHD	AR5906	17-Jun-13	17-Jun-19
16	PUSAT KUTIPAN ZAKAT PAHANG	AR5907	17-Jun-13	16-Jun-19
17	KEMENTERIAN KESEJAHTERAAN BANDAR, PERUMAHAN DAN K	AR 5970	13-Sep-13	12-Sep-19
18	KOLEJ UNIVERSITI ISLAM PAHANG SULTAN AHMAD SHAH (KIP	AR6148	10-Jul-14	09-Jul-20
19	LEMBAGA URUS AIR SELANGOR (LUAS)	AR 6319	30-Mar-15	19-Mar-21
20	JABATAN KEMAJUAN ISLAM MALAYSIA (JAKIM) (DARUL QUR	AR 6318	30-Mar-15	25-Jun-20
21	HOSPITAL PAKAR ANNUR HASANAH SDN BHD	AR6349	28-May-15	09-Apr-21
22	UPSTREAM DOWNSTREAM SERVICES SDN. BHD.	AR6404	28-Aug-15	28-May-21
23	PNB MANAGEMENT SERVICES SDN BHD - HOTEL PERDANA KO	AR6432	06-Nov-15	05-Nov-18
24	JABATAN KEHAKIMAN SYARIAH NEGERI SEMBILAN	AR 6433	06-Nov-15	18-Oct-21
25	POLITEKNIK METRO JOHOR BAHRU	AR6434	06-Nov-15	21-Oct-21
26	JABATAN KEHAKIMAN SYARIAH SELANGOR	AR6524	24-Jun-16	23-Jun-19
27	MAHKAMAH SYARIAH NEGERI MELAKA	QMI00132	05-May-17	04-May-20
28	JABATAN AGAMA ISLAM MELAKA	QMI00133	10-Nov-17	09-Nov-20
29	MAJLIS AGAMA ISLAM SELANGOR	QMI00134	10-Nov-17	09-Nov-20
30	JUWARA RESOURCES & TRADING (M) SDN. BHD.	QMI00135	17-Nov-17	16-Nov-20
31	AMANAH IKHTIAR MALAYSIA	QMI00136	08-Dec-17	07-Dec-20
32	BINA INTEGRATED INDUSTRIES SDN.BHD.	QMI00137	15-Dec-17	14-Dec-20
33	I SYNERGY GROUP LIMITED(I SYNERGY INTERNATIONAL (M) SD	QMI00138	12-Jan-18	11-Jan-21
34	SAMA SAMA SPA	QMS-I 00139	27-Mar-18	26-Mar-21
35	INSTITUT KEFAHAMAN ISLAM MALAYSIA	QMS-I 00140	04-Sep-18	6-May-22
36	JABATAN AGAMA ISLAM SELANGOR	QMS-I00141	23-Oct-18	22-Oct-21
37	MAJLIS PERBANDARAN SUBANG JAYA	QMS-I 00142	10-Jun-19	9-Jun-22

Sources: SIRIM (2020)

2.3.5.2 Operator Viewpoints

In terms of operators' issues and challenges, the following items were discussed with hospital operators, namely:

1. Sungai Buloh Hospital, Selangor.
2. Islamic International University Malaysia Kuantan.
3. Al Islam Specialist Hospital, Kuala Lumpur.

2.3.5.2.1 Staff Competencies

Dr. Ishak Mas'ud, Executive Director of Al Islam Specialist Hospital (AISH) Kuala Lumpur;

"Another challenge is the staff, many of them are not exposed to Islamic culture, and they are not Islamically orientated, understand Islam as a way of life. To them, it is a burden of extra activities on top of their normal work. Many of them will leave if that did not suit them. Hence training and moulding their attitudes towards Islamic culture in line with IFH was a bigger challenge. It is changing their mind-set in the perspective of work as part of 'Ibadah. Presently most of them who joined us understood our program, our management style and began to accept it although some could not follow but generally, most of them accept it and conform to our rule. It took many years to develop the Islamic culture and also to continue the Islamisation program persistently at all level" (Shariff, Mohtar & Jamaludin, 2018a).

2.3.5.2.2 Training of Staff

Prof. Dr. Ahmad Hafiz Zulkifly, Director of IIUM Medical Centre Kuantan Pahang, Malaysia;

"Continual improvement of staff skills is part of the staff guideline book 'Panduan Pesakit Ibadah'. Another book is soon released for the 'Panduan Perawat' training guide. CENTRIS Centre of Islamic Studies IIUM is preparing the books. For staff training we organise every four months, and this is inclusive of Fiqh 'Ibadah, communication skill, smile and salam and also team building. These also include the ISO and MS training plus the Jenazah management. We have identified 146 documents to prepare for the certification" (Shariff et al., 2018a).

2.3.5.2.3 Limited *Shari'ah* Officers Availability

Dr. Ahmad Fahmi Md Sahray, Chief Assistant Director (Clinical) at Sungai Buloh Hospital;

"The most significant challenge that we are anticipating is the understanding by the staff themselves because they would like to know what the significant changes were when we have Shari'ah or Islamic way of doing things. It has to be carefully charted out by slowly promoting IFH. When we talk about IFH, always we remind ourselves on the point that IFH will not stop as IFH. Still, we are moving towards a very systematic approach or systematic certification of Islamic values of Healthcare, especially in the government sector. In the establishment of the IFH program, we are getting more takers for IFH. Even though we have 146 facilities, we only have 55 pegawai agama (religious officer) from JAKIM, and there are six hospitals without pegawai agama are also taking part in implementing IFH" (Shariff et al., 2018a).

2.4 JAKIM as the Custodian of Islamic Affairs

In Malaysia, the agency that is responsible for the Islamic affairs at the national level, including *Halal* certification is the JAKIM. It has always been JAKIM's responsibility to assure the public that it is JAKIM's role to protect Muslim consumers for *Halal* products as required by *Shari'ah* in Malaysia. JAKIM ensures that all ingredients and raw materials that are sourced and used in the products are *Halal* for those companies with *Halal* certification.

It is the responsibility of JAKIM for *Halal* certification that the *Halal* status of the product at every stage of the production process will involve an official site inspection by *Shari'ah* certified officers on the plant. Their presence is to examine and ensure the *Halal* status of the raw material is maintained and monitored at all times. Nevertheless, a reputable and credible foreign *Halal* certification bodies are required to carry out together with JAKIM representatives to monitor and verify the *Halal* status of these raw materials and products in term of international food suppliers (JAKIM, 2014).

JAKIM (2014) *Halal* certification scheme in Malaysia is divided into the following categories:

1. Food Product, Beverages, and Food Supplements.
2. Food Premise and Hotel.
3. Consumer Goods.
4. Cosmetic and Personal Care.
5. Slaughterhouse.
6. Pharmaceutical.
7. Logistic.

Hence JAKIM is only involved in *Halal* Certificate issuance for the items related above.

For Financial and Banking products, then it comes under the jurisdiction of Bank Negara Malaysia (BNM), and being subjected to Islamic Financial Services Act (Islamic Financial Service Act, 2013). The guidelines issued by BNM in 2007, on the introduction of new products are defined as products that are offered by the financial institution in Malaysia for the first time or a combination of or variation to the existing products that results in a material change to the risk profile of the current products. This definition helps the financial institution to identify the intended new product to be introduced onto the market. The duty of the Chief Risk Officer (CRO) or other senior risk officer is to determine if changes caused by a variation on an existing product can be a material change. It is to understand both the consumers and financial institutions' views on the risk consequences. Auditors must document the basis for risk determinations and decisions and make them readily available for review (Abdul Aris, Othman, Mohd Azli, Sahri, Abdul Razak & Abdul Rahman, 2013).

For any new products submission, the initial requirement for approval is that the Islamic Financial Institutions *Shari'ah* Advisory Board (SAB) must be endorsed first and BNM has to recognise these *'Shari'ah* Board members appointed by the financial institution. The justification is that only those qualified to be Board members are allowed to provide words of advice on the compliance to the '*Shari'ah* principles.

JAKIM, as the highest Islamic authority in Malaysia, has contributed to the development of the Healthcare sector in Malaysia. They are starting with the

involvement of proactive supply of the energy of working knowledge (knowledge worker) to the areas of health through the approach of Islam *Hadhari* around the year 2006 until its involvement directly in the development of the concept of intimate worship. JAKIM is again involved in the process of refining the idea of SC in this sector. By including all interested parties, discussions were deeply related to the concept in the comprehensive formulation of the practical approach in the Healthcare services sector.

The SC Framework which includes aspects of facilities and equipment, services, health, policy, and procedure practice medicine and patients' guidance in worship has been established to meet the needs of the local State Religious Affairs Authority (SRAA). SRAA is to carry out certification, especially in determining the direction of *Qibla* in the hospital and other services to obtain certification validated by the SRAA. It is an approach that complements the system of certification of quality in compliance with *Shari'ah*. They are made available and are adapted to provide inputs for the spiritual care of patients. These activities have been introduced at health facilities. These initiatives are the results of the meeting of the 54th National Islamic Affairs Malaysia (*Majlis Kebangsaan Islam Malaysia*) on 9th June, 2014, which was chaired by the Honourable Deputy Prime Minister of Malaysia.

Accordingly, JAKIM has established a National *Shari'ah* Compliance Committee which is headed by the Director-General of JAKIM and *Shari'ah* compliant Working Committee chaired by the Deputy Director General (Policy) JAKIM in 2015. With the mandate that was given by the government for the administrator to manage matters relating to the religious affairs of State, JAKIM has contributed in its role in

coordinating the implementation of the concept for uniformity of system administration of the issues of Islam in the field of Healthcare (Ibrahim, 2017). In fact in the revision of MS 1900:2014 carried out by Standard Malaysia, JAKIM's participation in providing a more comprehensive understanding of Malaysia Standard (MS) through their published book on MS-based Governance is commendable (*Jabatan Kemajuan Islam Malaysia,* 2019). Hence for other than those related to *Halal,* financial and banking products, the *Shari'ah* compliance would be certified through MS 1900:2014.

2.5 *Shari'ah* Compliant Institutions

According to SIRIM, there are already thirty-seven (37) *Shari'ah* complaint institutions certified under MS 1900:2014 as per the list in Table 2.1. The Standard was first introduced in 2005 with a targeted ten (10) pilot companies to undertake to be approved but only five (5) companies certified for MS 1900:2005 (Salwa & Bustamam, 2013).

There are eleven (11) sectors of the industry being certified with the most significant number in the Islamic Institution like *Jabatan Pusat Zakat.* The segments covered are Government, Consultancy Services, Education, Fertilizer, Financial, Healthcare, Hotel, Takaful, Islamic Institution, Logistics, and Pharmaceutical.

Efforts are being promoted to create awareness of this Standard to companies. The challenges faced during the initial years when the Standard was first introduced was discussed with Mr. Zakaria Mohamad Nor, Section Head MS Certification Department, SIRIM QAS International Sdn Bhd on 8th October 2017 at his office.

1. They are creating awareness of potential companies and government agencies. During the initial stage, there was a lack of expertise to carry out marketing activities. SIRIM invited companies and government agencies to make them understand the Standards.
2. Lack of consultancy companies to conduct the training for the document preparation and implementation. There was no company to conduct the training. SIRIM training division created the *Shari'ah* based training module for potential companies.
3. Lack of expertise in *Shari'ah* to carry out the auditing. SIRIM initially engaged graduates in *Shari'ah* which was challenging to get by. However, these graduates used SIRIM as a stepping stone before they find a better offer. Presently SIRIM has trained twenty (20) of SIRIM auditors to undergo the certificate in *Shari'ah* training conducted by University Science Islam Malaysia, USIM. Sixteen (16) made the mark, and this will provide SIRIM with enough auditors to carry out the *Shari'ah* based auditing. The *Shari'ah* based provide opportunities for *Shari'ah* graduates to be engaged in a new field other than in the financial sectors and Islamic institution, i.e. as *Imam* (Prayer Leader) of Mosque.

2.5.1 The Concept of *Shari'ah* Compliant Hotel

In the hotel sector, specific criteria have to be met for the hotel to qualify for a SCH (Mohd Yusof & Muhammad, 2013). For example, a hotel that is *Shari'ah* compliant serves only *Halal* food and does not serve alcoholic beverages. Besides that, there are also other requirements to be observed strictly such as, a separate entrance for women if possible, separate recreational facilities for different gender such as swimming pool

and fitness centre. It is also the duty of the organisation as a SCH to pay zakat every year if the hotel makes a profit. A *Shari'ah* compliant banking system alone must provide the sources of its financial assistance (Samori & Abd Rahman, 2013).

In its operation and management, the SCH's must reflect the actual values of *Shari'ah*. There is a misconception among the public that if a hotel does not serve alcoholic drinks and *Halal* food, it is considered a hotel that complies with *Shari'ah*. It is not only those two (2) items, however, but the hotel also needs to be certified by Accreditation agency example SIRIM to qualify as SCH. To rectify the misconception, it is necessary to establish an accreditation certificate of SCH's produced by a government body such SIRIM together with JAKIM on the *Halal* for food and beverages in the case of Malaysia (Md Salleh, Abdul Hamid, Hashim & Omain, 2014).

The SCH's need to adhere to their daily operations with the overall Islamic values, including their capital sources. Islamic product growth is not limited to *Halal* food, financial and banking systems, but can be expanded to other hospitality products such as hotels.

However, the issue persists about the inclusion of non-Muslims in this SCH because of the unwelcome photos being pottered. This unfavourable image pointed out by Western media in reflecting Islam as extremism in terms of punishment and violation of women's rights, is detrimental to the promotion of hotels that comply with *Shari'ah*. For a more comprehensive market, this type of product is a challenge. However, individual policies are attractive to specific markets segment in promoting a healthy lifestyle (Zawawi & Othman, 2017).

SCH's prohibit alcohol drinks within hotel property as well as non-smoking policies. This healthy lifestyles among hotel guests may generate interest in promoting SCH. These are specific selling proposals for attracting a large market segment, especially from the Middle East (Zulkifli, Rahman, Awang & Man, 2011). A hotel which complies with the *Shari'ah* is governed by Islamic law. The hotel consistent with the *Shari'ah* is based on the Qur'an, the Sunnah and *Fiqh*. SCH operations would be extremely appealing if industry professionals and experts could have a range of SCH qualities as indicated by Henderson (2010), which are as follows:

1. There is a prayer room in the lobby, or on another building. The office will at one time be capable of hosting Muslims for congregational prayer.
2. There is no alcohol served at the premises.
3. The guests are served only *Halal* foods.
4. Each room has prayer mats and arrows that signify the *Qibla*. Position of beds and toilets not to face Mecca's direction.
5. Bidets are provided in bathrooms to accommodate Muslim for ablution and any other religious activities.
6. A suitable Muslim entertainment (no nightclubs or television channels for adults).
7. The staff are overwhelmingly Muslim.
8. There are various men's and women's leisure facilities, including swimming pool, gym, spa etc.
9. All-female guests are put on some floors, which separate them from male and family floors.
10. Decent guest dress code is well posted at the lobby or hotel entrance.

11. Hotel is financed through Islamic financial instruments, and all business transactions are strictly in accordance with *Fiqh Muamalat.*
12. No arts in the form of human or animal form are placed at hotel rooms or in the hotel.
13. Every room is provided with a copy of Qur'an with translation.

Table 2.2
List of Academic Literature discussed on Criteria of Shari'ah Compliant Hotel

Author(Year)	Intentions
Fadil Mohd Yusof & Zulkifli Muhammad (2013).	Specific criteria have to be met for the hotel to qualify for a *Shari'ah* compliant
Henderson (2010),	industry professionals and experts could have a range of *Shari'ah* compliant' hotel qualities
Jurattanasan & Jaroenwisan, (2014)	outlined the features of a *Shari'ah compliant* hotel practised in Muslim countries.
Zakiah Samori (2013)	widerange of the *Shari'ah* compliant hotel features and characteristics found in Malaysia
Zawawi & Othman (2017)	*Shari'ah* compliant hospitality services in Malaysia.
Zafir MdSalleh et al (2014).	*Shari'ah* principles should cover the entire operation of the hotel organization as a *Shari'ah* compliant hotel

2.6 Islam and Healthcare

2.6.1 Hospital in the Early Years of Islam

In Islam, the earliest hospital was a mobile dispensary that followed the Islamic armies, which dated from the time of the Prophet SAW. This tradition remained throughout the centuries of Islamic glory. In Islam, the first hospital was built in Damascus, Syria in 706 by the Umayyad Caliph, al-Walid Ibn Abd al-Malik. This hospital catered for all sorts of patients including the lepers and the blinds. The hospital was to serve as

model for other hospitals to follow in terms of its equipment, its staffing and organisation throughout the Islamic world.

The court physician was ordered by the Caliph Harun al Rashid (r 796-809) to build a hospital in Baghdad. Meanwhile, Caliph al Mansur (r 754-775) instructed his court physician, Ibn-Bakhtishu, to set up hospitals by his huge endeavour that was financed generously by the Caliph. It was a reflection of the true glory and prosperity of Baghdad. The first hospital, in Cairo, was built by Ibn Tulun, governor of the city, at al-Fustat in 872. The hospital had a library of 100,000 books, and the inpatient halls were divided according to gender. The hospital handled medical treatment that required surgical operation and other illnesses. There were separate baths for men and women (Hamarneh, 1983). Every patient was provided with special apparel by the hospital authorities. Their possessions were kept separately for safekeeping until the day of discharge.

Ziyadat Allah 1 (r. 817-838), the Aghlabid ruler in Tunisia, built a hospital in al Qayrawan in 830. For the first time in history, female nurses were engaged to handle health care services. Inside the hospital, the compound was a mosque, and its facilities were well indicated for patients. The hospital had special wards and waiting rooms for visitors and patients.

By the 12th century, more hospitals were established, and the standards of these hospitals had reached a remarkable stage. The hospitals' facilities were considered advanced in those days. Nur Eddin Zangi built the largest hospital in Damascus in 1156, called Al-Nuri Hospital. The physician in charge was al-Bahili, and the hospital

was well supplied with food and medication. Ibn Jubayr highlighted the registration of patients was already carried out at that time and probably the earliest of its kind (Jubayr, n.d.). Al Mansur Ya'qub Ibn Yusof, the Almohad ruler, built a hospital in Marrakesh Morocco. The hospital had a spacious compound covered by fruit trees, flowers, herbs, and vegetables. Water was flowing through aqueducts to all sections in the hospital. There were four (4) pools in the centre built with white marble surrounding the areas (Abouleish, 2014).

2.6.2 *Maqasid Shari'ah* and Healthcare

The word *Maqasid* (plural of *Maqsad*) means goals, or purposes. However, *Maqasid Shari'ah* refers to the aims or objectives of Islamic law. The objectives of the Islamic law highlight the rationales, goals, and purposes in the Islamic rulings. *Maqasid Shari'ah* emphasises the importance of Islamic rulings, while simultaneously observing the Islamic faith (Ibn Ashur, 2006).

Many Muslim scholars came to the consensus that the ultimate goal of *Maqasid Shari'ah* is to provide the benefits (*Maslahah*) for human beings and to secure them from any harmful misdeeds (*Mafsada*). The traditional classification has been to divide the *Maqasid* according to three (3) levels of necessity; 1. Absolute necessities (*Daruriyyat*), 2. Needs (*Hajiyat*), and 3. Luxuries (*Tahsiniyat*). The necessities are then further classified into five (5) categories namely safeguard the well-being of the community through the preservation of their; 1. Faith (*Din*), 2. Lives (*Nafs*), 3. Intellect (*'Aql*), 4. Posterity (*Nasl*), and 5. Wealth (*Mal*) (Auda, 2008). When these are fulfilled adequately, the public interest is served and hence, desirable. However, whatever

activities carried out not in line with these five (5) points, is considered against public interest and therefore should be discarded.

The *Maqasid,* as Ibn Ashur (2006) explained, also maintains the human community's social order and its development healthily. *Maqasid* also supports man's goodness and health. Ibn Ashur further clarified that virtue is fulfilled through promoting good deeds and thinking intelligently. Besides, the goals are also achieved by using all the *Nikmah* that Allah has bestowed on him, in a virtuous way that benefits society as a whole.

Ahmad al Raysuni (al Raysuni, 2005) expressed the concept of an all-encompassing guide to a satisfying and well-ordered human society. He further described *Maqasid's* primary objective as the safeguarding of a healthy and orderly society. Allah had placed the human being as His vicegerents on earth, who act as its responsible guardians. For the benefit of all humanity, they must, therefore, promote integrity and moral character and live justly, in thought and action, since all the resources are at his disposal.

There are four (4) main *Maqasid Shari'ah* attributes. The first feature of *Maqasid Shari'ah* is the cornerstone of law. The purpose is to act for the benefit of all humanity and to protect them from harm. The second characteristic is that they are universal in trying to serve all human interests and needs. This needs complete approval and obedience from them. The third is that they are inclusive, encompassing all social activities, whether they relate to the accountabilities to Allah (*'Ibadah*) or the responsibilities to other human beings (*Mu'amalah*). Finally, *Maqasid Shari'ah* is

definitive, and it is not from one single item of evidence but must take from many different sources (Dusuki & Bouheraoua, 2011).

Maqasid Shari'ah, as it is the principle of Islam, should be followed not in part but its entirety. Islam encompasses all spheres of life, and its goals address not only their personal or public life but also their life in the hereafter. At the heart of *Maqasid Shari'ah* itself would be *Maslahah* or the public interest, and the general objective of *Shari'ah* lays in ensuring its steady and healthy progress of the society and preserving the order of society (Auda, 2008). In this context, the Healthcare has a role in enhancing and safeguarding of life and health. The Qur'an, in Surah al Ma'idah, verse 32, says;

"*If anyone saves a life, it would be as if he saved the life of all mankind"*

This further elaborates that Healthcare practitioners would take more exceptional care to ensure proper steps are taken to ensure the sanctity of human being. The value of human life is expressed in the following Hadith: Abdullah bin Umar said;

"I saw the Prophet SAW doing Tawaf (Circumambulation) around the Ka'ba saying, how sweet you and how sweet your scent is. How great are you and how great is your sanctity. But by the One in whose hand is the soul of Muhammad, the sanctity of a believer is greater with Allah than your sanctity" (Ibn Majah, 1953).

These indicate the certainty that the enhancement and preservation of life and health are definitive objectives of *Shari'ah.*

The other pertinent issue in today's environment is that Islam is perceived as incapable of responding to all human needs based on the principles of freedom, peace, justice and equity. Ibn Ashur (2006) stated that the *Maqasid Shari'ah* is to safeguard the social order of the community. It also promotes the community's progress ordaining the well-being and virtue of human being. The *Shari'ah* aims at propagating and protecting the necessities of human presence on earth. Based on increasing importance as *al-Din* (Religion), *Nafs* (Life), *Aql* (Intellect), *Nasl* (Progeny) and *Mal* (Property) as mentioned in aims of the *Shari'ah* (*Maqasid al-Shari'ah*), these necessities have been priorities (Dusuki & Abdullah, 2007). A consensus among all Muslim scholars that the primary objective of *Maqasid Shari'ah* is to serve the interest of all human beings and protect them from harm (Auda, 2008).

Maqasid Shari'ah's rationale is to bring benefits for individuals and the community at large. The *Shari'ah* is designed to safeguard those benefits and provide facilities for human life on earth to be perfected. The primary purpose of the prophet hood of Muhammad SAW is to bring mercy to all humanity as mentioned in Qur'an, Surah al-Anbiya verse 107

"We have not sent you but mercy to mankind".

The *Shari'ah* seeks to establish justice, eliminate animosity and alleviate friendship, love and kindness amongst human being.

Fiqh 'Ibadah relates to how patients observe their Islamic obligations while undergoing for their medical treatment. These are guided and advised by *Shari'ah*

compliant officers of the hospital. The significant responsibilities are mainly related to daily Prayers (*Salat)*, Fasting (*Saum*) and also issues related to Physical Purity (*Taharah)* and with cleanliness. *Fiqh Mu'amalat* does meanwhile concern financial and commercial transactions that are free from prohibited (*Haram)* elements related to Interest (*Riba*), Gambling (*Maisir*) and Uncertainty (*Gharar*) (Abdul Aris et al., 2013; Jalil, Mohd Ramli & Shahwan, 2014). These include financing facilities, contracts and any business dealings transacted by third parties and the hospital.

2.7 The Concept of *Shari'ah* Compliant Hospital

University Science Malaysia Hospital (HUSM) started the journey of Islamisation in their hospital environment. The initial phase (1985 - 2003) took more than nine years of awareness and motivational lectures to staff members to encourage them to observe the Islamic attire and practices, especially the nurses. HUSM broke the traditional attire for the nurses, the first in Malaysia in 1988. In 1991, HUSM established the Islamic Affairs Committee (*Jawatankuasa Hal Ehwal Islam,* JKHEI). It is followed by activities that moved towards '*Ibadah* Friendly Hospital (IFH), a concept made famous initially by HUSM. In 2003, HUSM organised the First National Level Convention on IFH, and in the same year, HUSM also established the USM Islamic Centre for Health. HUSM consulted and received strong support from the Kelantan Islamic Religious Affairs Department (JHEAIK) for their Islamic activities (Wan Daud, 2017).

The IFH concept was fully implemented when HUSM received a full-time Grade S41 Islamic Affairs officer in 2004. With the presence of the officer, HUSM established an Islamic Affairs unit in the hospital. The IFH program was officially launched on 1st

June 2004 and became the first public hospital to practise IFH. After the implementation of IFH, HUSM has been a reference to many other hospitals in the effort to implement IFH in their hospitals.

In 2010, the Ministry of Health (MOH) Malaysia introduced IFH to selected government hospitals namely:

1. University Science Malaysia Hospital, Kubang Kerian, Kelantan.
2. Selayang Hospital, Selangor.
3. Langkawi Hospital, Kedah.
4. Pulau Pinang Hospital.
5. Sultanah Fatimah Specialist Hospital, Muar, Johor (Kadir, Ahmad, Kefeli, Ismail & Mohamed, 2014).

The same IFH concept was then introduced in the private sector at Al-Islam Specialist Hospital, Kampung Baru, Kuala Lumpur. In the hospital management, the idea of IFH used is to achieve the values of excellence. The employees take pride in looking for the well-being of their patients. These are made through the adoption and continuity to worship even during medical treatment. The concept also aims to create awareness through patients' education and their families to be much closer to the Creator (Kadir et al., 2014).

There is already a move for MOH hospitals to move into SCH. At the recent *Konvensyen Hospital Mesra 'Ibadah Peringkat Kebangsaan Kali Ke 4* (4th National Convention For '*Ibadah* Friendly Hospital) which took place at Kota Bharu Kelantan on 30th July 2017; Dr. Khalid Ibrahim (2017) in the paper entitled *Ibadah Friendly*

Hospital is a Platform Towards Shari'ah Compliant Hospital proposed to the MOH that ultimately the move is towards SCH.

The hospital management is committed to raising awareness to help their patients keep worshipping Allah continuously during medical treatment. This concept of obedience will provide greater realisation to seek Allah's mercy in their prayer. This concept of obedience will give greater recognition to request for Allah's mercy in their prayers.

The management will provide religious officials to assist, and the religious officers then guide patients as a hospital that upholds Islamic values. The religious officers will visit the patients as a daily routine to help them to continue their *'Ibadah* (Worship) and provide training and guidelines to employees about Islamic teachings. The training will enable the staff to assist the patients (Ibrahim, 2017).

There are necessary facilities available for patients to perform their prayer that include the direction of *Qibla* in the room, prayer mats and cloth, water spray, and dust for *Tayamum* (Dry Ablution). These facilities are provided to the patients and staff. A male religious officer, (*Ustaz)* will assist for male patients and a female spiritual officer, an *Ustazah* for female patients to perform *'Ibadah* (Worship) when under medical treatment. This shows consistency in line with the concept of IFH (Kadir et al., 2014).

As noted by Kasule (2011b), the seven (7) criteria for SCH to include:

1. Healthcare services provided that serve all regardless of religion or creed.
2. There should be strong and stable financial capabilities to finance the project.

3. The usage of high technology related to medical equipment and Hospital Information System.
4. The architectural design of the hospital built, is suitable incongruent with Islamic value.
5. Latest and modern, up-to-date medical care facilities and equipment.
6. Holistic patient care that caters for physical, mental, emotional, spiritual, and social needs.
7. Standard operating procedures and services that do not contradict the principles of *Shari'ah* (Zulkifly, 2014).

From the above criteria, it can be categorised into four (4) major components:

1. Infrastructure and Facilities.
2. Personnel and Staff Development.
3. Procedures and Workflow.
4. System and Technology.

All these components have to be in compliance with the Malaysian Private Healthcare Laws and Regulation Act 1998 (Private Healthcare Facilities and Services Act 1998, 1998) and above all these components, too, are to be governed by *Shari'ah* principles. Each of these components is further discussed as follows:

2.7.1 Infrastructure and Facilities

In a hospital environment, the core services are related to clinical and nursing whereas the support services are those related to non-clinical for example accounts and finance, facilities management, IT system, and others. The model proposed will need to satisfy

the organisational and management need of the hospital. The organisational needs may require a structural change to cater for the need of SAC and SCO. Whilst the management needs may include continual improvement programs and *Shari'ah* key performance indicators that will assist in improving the service quality of the hospital.

The primary hospital infrastructure and facilities must first comply with the Private Healthcare Facilities and Services Act 1998. Above this compliance, the hospital needs to provide facilities for every guest to the hospital, such as prayer halls or rooms and public toilets which are *Shari'ah* compliant. For the inpatient rooms, the facilities are similar to the SCH rooms. The facilities provided are not limited to:

1. Quran & prayer mats are available in each place.
2. Markers are supplied in the rooms indicating the direction of Mecca.
3. Bed & toilet should not be in a position where the patients pray in the course of the toilet.
4. Any form of arts in the patient room should not depict the way of animals or human being.
5. Bidets in the bathrooms (Jurattanasan & Jaroenwisan, 2014).

One of the main aspects for SCH is ensuring adequate facilities for patients and also staff to perform their '*Ibadah* such as prayer and other obligations, in comfort. The Healthcare institutions must provide ablution facilities such as ablution space in the toilet or *Musolla.* For those bedridden patients, the hospital should prepare pure dust for *Tayammum* (Islamic Act of Dry Ablution), using purified sand or dust, which may be performed in place of ritual washing (*Wudu* or *Ghusl*) or water spray for them as they cannot take ablution usually. To complete the prayer, the hospital has to provide

adequate prayer space or *Musolla*, *Qibla* signage especially in the wardroom and prayer outfit such as *Telekung* (Female Prayer Garment) and *Sajada* (Praying Mat). Furthermore, the standard guideline to pray is also important whether in the form of booklet or posters to assist and encourage patients to perform prayer based on their capabilities (*Jawatankuasa Majlis Fatwa Kebangsaan,* 2011).

Another aspect of a *Shari'ah* compliant Healthcare institution is the need to provide the facilities which include accommodation as well as other facilities that assist the staff and patients in performing their daily '*Ibadah*. The hospital has the *Shari'ah* advisory panel to advice on *Shari'ah* compliance matters to hospital management. The management must have a regular assessment, including clients' feedback to ensure *Shari'ah* compliances are adhered to (Kasule, 2011a).

The basic accommodation, especially for patients in the hospital, is the ward room. Some hospitals provide separate room based on the patients need and their social status. Although the room is significantly different amongst patients, the important criterion to be taken care of in Muslim Friendly Healthcare is privacy. Almost all Healthcare institutions in Malaysia separate the ward room between male and female patients. However, there is less privacy when a patient's guardian or relative from different gender comes to visit the patients. The duty to honour other peoples' privacy is not to be borne by the hospital alone, and it is essential for a visitor also to be aware of other patients' privacy, too. On the other hand, when the nurse and physician of different gender want to enter the room, it is better to give a signal before they enter by knocking at the door to ensure that the patient's privacy is preserved.

In terms of food facilities, the SCH needs to ensure the food offered to their patients are in compliance with *Shari'ah* principles and are *Halal* and good (*Tayyiban*) for their use and consumption. This is concerning their dietary requirements as a patient in the hospital. The food and drinks served are according to the dietary requirements of the patients following the illness, and most importantly, it must be *Halal.* The personal and sanitary care offered to the patients must also be *Halal.* The *Halal* requirement is also extended to the food and beverages served to the staff and visitors at the hospital.

The other concern is the medicine prescribed by the physicians in diagnosing to cure the disease is also *Halal*, as far as possible. The SCH needs to ensure that the pharmaceutical products prescribed to the patients comply with the strict *Halal* requirements. There may be some concessions made in cases of *Dharurah* or extreme necessity where non-*Halal* pharmaceuticals may be resorted to if there are no other options available, especially when it involved with the vaccine. The *Dharurah* is only if refraining from taking these medicines would result in the death of the patient.

Another example can be seen in the administration of medicine. The doctors must prescribe medication which does not contain prohibited food substances in Islam. However, the concept of necessity may be applicable so long as the following conditions as mentioned by Qardawi (1993) are fulfilled:

1. The patient's life is in a dangerous, life-threatening situation if he does not take such medicine.
2. There is no alternative or substitute *Halal* medication available.
3. A Muslim physician prescribes the medication, and the physician is knowledgeable and God-fearing.

Halal should not be separated with *Toyyib* aspect in all situations. *Toyyib* aspect includes safety and cleanliness. For example, when patients want to perform the prayer, they have to ensure their place and clothes are clean from any filth, especially for those patients who are bedridden or who have been attached with urinating bag. Therefore, it is the responsibility of nurses in assisting patients in cleaning themselves before doing '*Ibadah,* especially when performing prayer. Another hygienic issue is related to preparing and handling of food (Samsudin, Kashim, Yahaya, Ismail, Khalid, Lalulddin, Sobri & Sulaiman, 2015).

Rukhsah is defined as temporary permission of an otherwise non-permissible or prohibited action in a particular situation as per the essential requirements in the more significant interest of human beings. The primary purpose is to uphold *Maqasid Shari'ah* i.e. preservation of life. The categories of actions allowed for *Rukhsah* can be as follows:

1. Actions that could lead to loss of life or vital organ. In this case, it is mandatory by *Fuqahah* (Islamic Intellectual) to avail *Rukhsah* since it is handling of life.
2. Actions that may result in difficulty. Although there is no significant threat to life; however, one may experience more than the usual problem, *Rukhsah* is also allowed.
3. Recommendable actions. Actions whereby there is no or little difficulty only. *Rukhsah* is not allowed in such a situation which *Tahseeniat* is desirable (Auda, 2010).

2.7.2 Personnel and Staff Development

This is the critical component covering both the clinical and non-clinical staff. For the new team, the initial screening will take place during the job interview. In terms of non-Muslim staff where their expertise is needed, then they may be engaged because of the knowledge. However, proper briefing and subsequent training on various Islamic teachings are extended to them so that they will not act or perform against the *Shari'ah* principles within the SOP laid down. Although all staff is qualified to perform procedures according to their various disciplines, they are to be trained to understand essential *Shari'ah* requirement before they are put to work. This includes a basic understanding of *Maqasid Shari'ah,* Islamic values, *Fiqh 'Ibadah* and *Fiqh Mu'amalat,* and also *Fiqh Medik.* Especially to those clinical staff who are interacting with the patients every day, they are often reminded of their best *Akhlaq* when interacting. There is a weekly session of *Tazkirah* and *Usrah* to be carried out to all staff as part of their career development to ensure their continuous behaviour upliftment (Kasule, 2013).

In terms of *Fiqh Medik*, the medical practitioners have to observe individual medical ethics which are morally in line with *Shari'ah* practices (Kasule, 2011c). This is because there are prevalent in the medical practices whereby medical practitioners claimed charges for services which were not carried out, but fees were being charged (Petersdorf, 1989). Qur'an stated in Surah al-An'am, verse 151;

"*...And do not kill the soul which Allah has forbidden except for just cause*".

Hence, the core services offered by the hospital would include the responsibility of physicians to provide sincere and genuine medical diagnosis, treatment and care to the patients to save their lives. The physicians must make every effort to ensure that they perform their duties according to Islamic medical ethical principles so that they avoid any negligence which may harm a patient's life or cause injury. The doctor must provide the best treatment possible to alleviate the pain and suffering of their patients. In Islam, there are specific categories of illnesses to be treated. According to Aziz, (2013) who quoted the view of al-Imam al-Ghazali on medical treatment, diseases can be divided into three (3) categories: curable, expected to be cured, and the cure is yet to be found. When the ailment is treatable, then the refusal of treatment is forbidden in Islam.

Meanwhile, when the disease may be cured, but the medication may have a dangerous side effect, or there is no guarantee that the treatment will be able to cure the disease, then, treating is not contrary to the teachings of Islam as to rely on Allah, the patients are encouraged to seek treatment. For the third category, the treatment may entail hazardous side effects like cauterization; in such cases, the disease may be left alone. However, treatment is permissible due to the modernization of science and technology as the Prophet mentioned in one Hadith;

"For every ailment, there is a cure, so seek treatment as Allah has not created a cure, known to some and unknown to others" (Ibnu Majah, 1953).

Ibn Qayyim al-Jawziyya (2003) commented about this which he said on the one hand, patients will always be hopeful of a cure. On the other hand, those in the medical

profession are encouraged to conduct further research to enhance this possibility. This is clearly in line with the main *Dharuriyyat* (Absolute Necessity) of protecting a person's life, as explained above. Meanwhile, SCH, in general, must strive towards providing health care services at reasonable prices, realizing the responsibility and trust to each staff members that the hospital is not just a working place but also a place of worship to Allah SWT (to do all the right things and to avoid all malpractices), contributing to the community through Islamic activities (*Da'wah*) particularly in health education to help the community to become healthier and balanced, integrating the physical, psychological, mental treatment with religious elements.

Aside from that, SCH services would also include the responsibility of nurses to assist both the doctors and the patients whenever needed. In both aspects, the hospital must ensure that the patient's rights are protected. For example, Islam preserves the modesty of Muslims. Unfortunately due to their lack of understanding on such issue, this issue is neglected by the hospital's authorities. The Healthcare institutions should strive to prepare enough physicians and nurses to treat the patients according to the patient's gender. Although Islam does not forbid treatment of the opposite sex, providing the patient is accompanied by a nurse, or physician of the same gender when possible is highly recommended.

Aside from that, all procedures especially nursing procedures, SOPs must incorporate the *Shari'ah* needs, having guidelines to handle Muslim and other patients, and have trained staff to advise Muslim patients regarding '*Ibadah* (Worship) and *Ruksah* (an exception to a general law, granted to preserve life or remove hardship) (Abdul Aziz, Ibrahim, Abdul Raof, Abdullah, Yahaya & Ahmad, 2017).

Besides that, one of the issues raised by Muslim patients amongst pregnant women is not only male doctors were present during the delivery process of the baby, but the male nurse also came in to check the pregnant woman whether the cervix has begun to open or not (Faidhi, 2013). A hospital compliant with the *Shari'ah* needs to emphasize the importance of observing the *Aurah* so that patients can maintain their dignity in line with the MS 1900:2014. This refers to a distinctive feature of a hospital that is *Shari'ah* compliance in that all the consultants in the department of Obstetrics and Gynaecology (O&G) will be women. This means, babies will only be delivered by female doctors, except in cases of emergency or martial law where male doctors are allowed to treat pregnant women (Ahmad Talaat, Ahmad Talaat, Sharifuddin, Yahaya & Abdul Majid, 2016).

2.7.3 Procedures and Work Flows

In establishing a private hospital, the normal procedure is to submit the SOPs for the purpose of licensing and relicensing as per requirement by MOH. These SOPs are mainly for clinical practices. These procedures and work flows which have been endorsed by MOH are to be strictly followed by the private hospital practitioners. Above those SOPs, a SCH has to develop SCCP, which are related to *Shari'ah* matters to be embedded into the SOPs (SIRIM QAS Intl, 2014b). From time to time the SAC will meet to endorse any new items discussed which may be controversial to *Shari'ah* principles and need further elaboration in the council meeting. Whatever the outcome of the council meeting, it will need to be documented for purpose of evidence during SIRIM audit. These SOPs are being used for training staff to enhance their knowledge not only on clinical aspects but also items related to observing the SCCP so that patients are being guided by staff on *Shari'ah.*

2.7.4 System and Technology

The system and technology will include all IT systems structure to run the operation without which the SCH may be inefficient and ineffective. The systems may include Performance Management System, Financial System, Hospital Information System and other Enterprise Resources Management System which are critical to the operation of a truly modern and on par with other private hospital. It will need a cutting edge technology, modern equipment and facilities where the system should reflect the high spirit of an Islamic modern hospital with high usage of technology. As mentioned earlier by Kasule (2011a), the SCH will have high technology content and high quality and the provision of wholesome modern up to date scientific medical care (Kasule, 2011a).

A SCH is a hospital that serves all patients regardless of their race or religion. It is not meant to be missionary in nature where the purpose of the hospital is not as a mean to convert patients to another faith or belief system. Further, it is also not a traditional hospital. Instead it is a modern hospital practising scientific medicine within the Islamic value system and being *Shari'ah* compliant. It can incorporate traditional medicine treatment modalities that have been approved by the MOH such as Malay massage or that are proven to be effective and safe by scientific experiments. It can also offer spiritual treatment modalities in addition to and not excluding modern scientific medicine (Kasule, 2011a).

This SCH is also not a charity hospital. However, it should be based on firm financial footing and should operate profitably to generate enough revenue to cover its expenses. It is not tasked to provide free treatment to those who cannot afford because it will fail

financially and would not be able to sustain. The approach to the Islamic requirement to help the needy is for a foundation that is set up by the hospital. Other agency or charity body can establish another parallel charity agency. The charity agency collects funds from various sources including the profit made by the hospital. These funds are used to settle the bills of those whose bill is high and they cannot afford to pay. Indigent patients should approach the charity body for help before presenting at the hospital. The charity funds may be set up from *Waqaf* fund that are funded by *Zakat* or other big organisations which can contribute to the fund as part of their Corporate Social Responsibility, CSR. However, emergency treatment required to stabilize a patient should be provided at all costs regardless of their financial circumstances (Kasule, 2011a).

The SCH is modern and reflects the future that characterizes modern hospital. It should be within the local constraints to strive to be an advanced and respected institution by the public in order to avoid being perceived as Low Quality Hospital due to the Muslim hospital connotation (Kasule, 2011a). The SCH should portray a high quality performance or *Ihsan*, since *Ihsan* is the third and highest fundamental of Islamic *'Aqidah* beyond Islam and *Iman.* Quality should permeate all activities of a Muslim. A SCH must therefore maintain the highest standards of quality in all its operations (Kasule, 2011a).

The SCH is holistic since Islamic civilization is built on the doctrine of *Tauhid* which implies integration of all phenomena in the cosmos because the Creator is one, and everything must relate to everything else. The integrating paradigm of *Tauhid* rejects dealing with any phenomenon or action in isolation. A SCH should therefore, offer

total care that integrates the spiritual, physical, and psycho-social aspects of preventing and treating diseases. For SCH, the architecture, management, and therapeutic procedures in the hospital should not violate the general purposes of the *Shari'ah* and should conform to rulings on *Halal* and *Haram.* Islamic law being very flexible does allow violations of legal rulings under the doctrine of necessity, *Dharurat*, when the requirement of protecting the life of the patient supersedes a *Haram* ruling (Kasule, 2011a).

According to Kamaruzzaman (2013), the broad guidelines for SCH will have the following characteristics:

1. High quality hospital management process.
2. Financial management is in accordance with *Shari'ah* principles.
3. Enough hospital facilities provided to cater for a quality patient care.
4. Available facilities to facilitate patients and staff to perform *'Ibadah* (Compulsory Islamic Ritual) and other Islamic attributes which include Islamic attire covering the *Aurah.*
5. All products include foods and medicines and medical procedures used are *Halal.*
6. All nursing procedures and other SOPs must incorporate *Shari'ah* requirements.
7. Guidelines are issued to staff in handling Muslim and non-Muslim patients.
8. Available trained staff to assist and advise Muslim patients regarding *'Ibadah* and *Ruksah.*
9. A panel of *Shari'ah* council and expert is available to advise the hospital management on *Shari'ah* compliance.

10. A regular assessments and feedbacks are extended to all patients (Zulkifly, 2014).

The Features and characteristics of a SCH can be summarised in the Table 2.3 below:

Table 2.3
Summary on the Features and Characteristics of Shari'ah Compliant Hospital

Element	**Description**
Management	*Shari'ah* Compliant Hospital Management, SCHM should have expert panel as advisor, specific scheme and *Shari'ah* officers to advise and monitor the hospital management on *Shari'ah* compliant issues (Kamaruzzaman, 2013; Samsudin, et al., 2015).
Services	The nursing SOP incorporated with *Shari'ah*. The *Shari'ah* element must be incorporated the JCI Accreditation Standard for Hospital to ensure the SOP entertained the Muslim needs in the hospital. Besides, SCHM services equipped with high technology and updated equipment in treating the patient (Kamaruzzaman, 2013; Kasule, 2013).
Human Resources	SCHM should have trained staff to advise Muslim patients regarding *'Ibadah* and *Rukhsah*. Moreover, the management should provide guidelines to handle Muslim and other patients belong to other religions. Besides, the management should provide workshop or training to staff regarding the *'Ibadah* and *Rukhsah* knowledge. Furthermore, SCHM should provide dress code covering the *'awrah* for the staff (Kamaruzzaman, 2013).
Financial	SCHM is managed and controlled according to the *Shari'ah* law. All transactions of the organisation must be done without any Doubt (*Shubhah*), Usury (*Riba*), Fraud (*Gharar*) and Manipulation. The finance department in hospital should have an expert panel in *Mu'Amalah Maliyyah* (Transaction and Trading) (Kamaruzzaman, 2013; Kasule, 2011a; Shariff & Rahman, 2016).

Table 2.3 (Continued)

Element	Description
Facilities	SCHM adequate with facilities for patients and staffs to perform *'Ibadah* (Compulsory Islamic Ritual) and other religions obligations including *Tayammum* dust, *Wuḍu'* bottle spray, clean garment, clean area for prayer and *'Ibadah* booklet for patient (Kamaruzzaman, 2013; Kasule, 2011a).
Food and Medicine	SCHM provided *Ḥalal* food for patients and visitors. The food premises and canteen in the hospital required to have *Ḥalal* certification from JAKIM. For medicines, the pharmacy department required to follow MS 2424: *Ḥalal* Pharmaceutical. However, if the *Ḥalal* medicine is not available, consuming of *Ḥaram* sources is allowed as implementing the principle of *Maṣlaḥah* in term of life protection (*Ḥifẓ al-Nafs*). The consumption of non *Ḥalal* medicines and product should be advised by *Shari'ah* Compliant Officer, SCO and Medical Expertise such as doctor and pharmacist (Kamaruzzaman, 2013; Mohezar, Zailani & Moghavvemi, 2015; Shariff & Rahman, 2016).

Table 2.4
Summary of Literature review on Shari'ah Compliant Hospital

Author (Year)	Features and Characteristics
Mir Ahmad Talaat et al., (2016)	provide exceptional quality, cost-effective healthcare and strengthen **tertiary medical services by excellence**
S. Ismail et al.,(2018)	A *Shari'ah* compliant hospital is an organization which has the **scope of work, policies, procedures and staffing requirements that complies to the *Shari'ah* principle in totality**
Mohtar et al., 2016	**the hospital of choice** especially for mothers and ladies who prefer lady doctors to attend to their deliveries
Faidhi, (2013).	A hospital compliant with the *Shari'ah* needs to emphasize the importance of **observing the *aurah*** so that patients can maintain their dignity in line with the *Maqasid Shari'ah*
Rahmat Yahaya, (2018)	Attempting to reveal the ***Shari'ah* compliant Hospital criteria and scope**
Hamzah (2019)	Proposing the **characteristics and features** of a *Shari'ah* compliant hospital management with emphasis on six items
Zawawi & Othman (2017)	Overview of Malaysia's **concept of *Shari'ah* compliant healthcare services.**
Moh.Abdurrokhman & Wachyu, (2019).	**Added values is because of the preference by practising Muslims** who have the realisation to practise and worship the Creator
Kiswara Rahmantya et al., (2019).	Concept of *Shari'ah* compliance for healthcare services has opened a **new avenue and opportunity to leverage competitiveness** to the hospital
Shariff & Rahman, (2016).	An SCH is where the **healthcare services rendered are in line with the *Shari'ah* or Islamic values**

2.8 An-Nur Specialist Hospital, the first *Shari'ah* Compliant Private Hospital

ANSH, started in September 2005 initially with its outpatient department and later in February 2006 as a secondary hospital providing Healthcare services for the community in Bandar Baru Bangi. Initially it housed the facilities at shop lots building at Medan Pusat Bandar 1, Section 9. The hospital has 30 beds. The hospital has moved to a special purpose built hospital at Section 15 that housed 104 beds. This hospital

provides affordable Healthcare with exceptional quality for the fast-growing township of Bandar Baru Bangi and the neighbouring areas such as Putrajaya, Nilai, Serdang, Kajang, Bandar Bukit Mahkota, Bandar Seri Putra, and South Ville. A future vision aims to provide 200 bedded tertiary health care facilities in almost all fields with a heavy focus on specialization and sub-speciality convergence. Their priority is to provide exceptional quality, cost-effective Healthcare and strengthen tertiary medical services by excellence (Ahmad Talaat et al., 2016).

This model will cover all the departments in the operation management which includes management, finance, nursing, and other components in a hospital environment as per Figure 2.2. The major components are those related to *Fiqh 'Ibadah*, *Fiqh Mu'amalat,* and Medication. Besides, there are also those related to work ethics. These components become what are called the SCCP. The SCCP will then be the reference points for any accreditation body, SIRIM. The SCCP will always be updated as new issues emerge but these will be dealt with by the SAC.

The Figure 2.2 is the framework which is divided into two (2) processes namely the Core Processes and the Support Processes. The Core Processes are mainly the clinical processes which provide the Healthcare services. These will include the outpatients, the inpatients, and the emergency services whilst the Support Processes are those services which are provided to the hospital as outlined in the figure above; examples are accounting, customer care, and others. All these processes will require SC through the various SOPs. The detailed compliant will then be discussed in the SAC to be itemised as SCCP.

Figure 2.2
Conceptual Framework of a Shari'ah Compliant Hospital
Source: Courtesy of An-Nur Specialist Hospital, 2020

The vision is "The Leading *Shari'ah* Compliant Healthcare Provider" and the mission is "To Be Sustainable *Shari'ah* Compliant Healthcare Provider Where Trusted Professional Care Is Our Priority". The motto is "The Preferred Choice for Healthy Living". Below are the five (5) corporate values of ANSH.

Figure 2.3
Corporate Values of An-Nur Specialist Hospital
Source: Courtesy of An-Nur Specialist Hospital, 2020

ANSH is the first private hospital to receive MS 1900:2014 in May 2015 and this award entitled ANSH to claim as the first private SCH. The award is from May 2015 till April 2018, a three-year validity. It also entails ANSH to be audited every year by SIRIM to ensure all procedures and practices in the hospital are in accordance with MS 1900:2015. For a private hospital, the Private Healthcare Facilities and Services Act 1998 is the guiding principles in which a private hospital should operate (Private Healthcare Facilities and Services Act 1998, 1998).

Presently, ANSH engages more than twenty-five (25) resident specialists, twenty four (24) visiting consultants, and six (6) medical officers. The disciplines offered are Obstetrician & Gynaecology, Physician, Endocrinology, Anaesthesiology, Ophthalmology, Cardiology, Otorhinolaryngology, Paediatrician, Orthopaedic, Psychiatry, Radiology, General Surgery, Breast and Plastic Surgery.

Over the years, ANSH has established itself as the hospital of choice especially for mothers and ladies who prefer lady doctors to attend to their deliveries. There are also antenatal classes conducted for both husband and wife to educate them on the importance of Healthcare during pre-pregnancy and post-deliveries. The modules include those related to *Shari'ah* obligations during pre-pregnancy and post-deliveries for both husband and wife (Ahmad Talaat et al., 2016).

Due to the limited beds available at ANSH, the bed occupancy rate is more than 70%. With this high demand for bed space, ANSH has moved to a new building since early June 2019. The new building houses 100 beds initially but it has the capacity for 200 beds.

From the framework as illustrated in Figure 2.4, SOPs were developed for standardising all the procedures in the hospital as required by the MOH before the hospital can be licensed. These SOPs incorporated what is termed as the SCCP for those relevant SOP that relate to *Shari'ah* elements especially in matters on segregation or attending to different gender between doctors and patients.

The SAC, will be referred and will guide on the SCCP whenever issues and problems related to *Shari'ah* arise. The SCCP requires the SAC to discuss all relevant items for the purpose of implementation. The Advisory Council are members who are qualified to provide advices on *Shari'ah* related aspects of Healthcare and comprises *Shari'ah* experts on Islamic jurisprudence and Healthcare experts. The major SCCP items cover aspects of *Fiqh 'Ibadah* and *Fiqh Muamalat.*

The hospital has to engage staff in its organization for SCO. The function of the SCOs is to attend to the hospital's daily operational problems. The SCOs will also report any anomalies and record them for the next meeting of the *Shari'ah* committee. The basic components that constitute the characteristics of SCH are as follows:

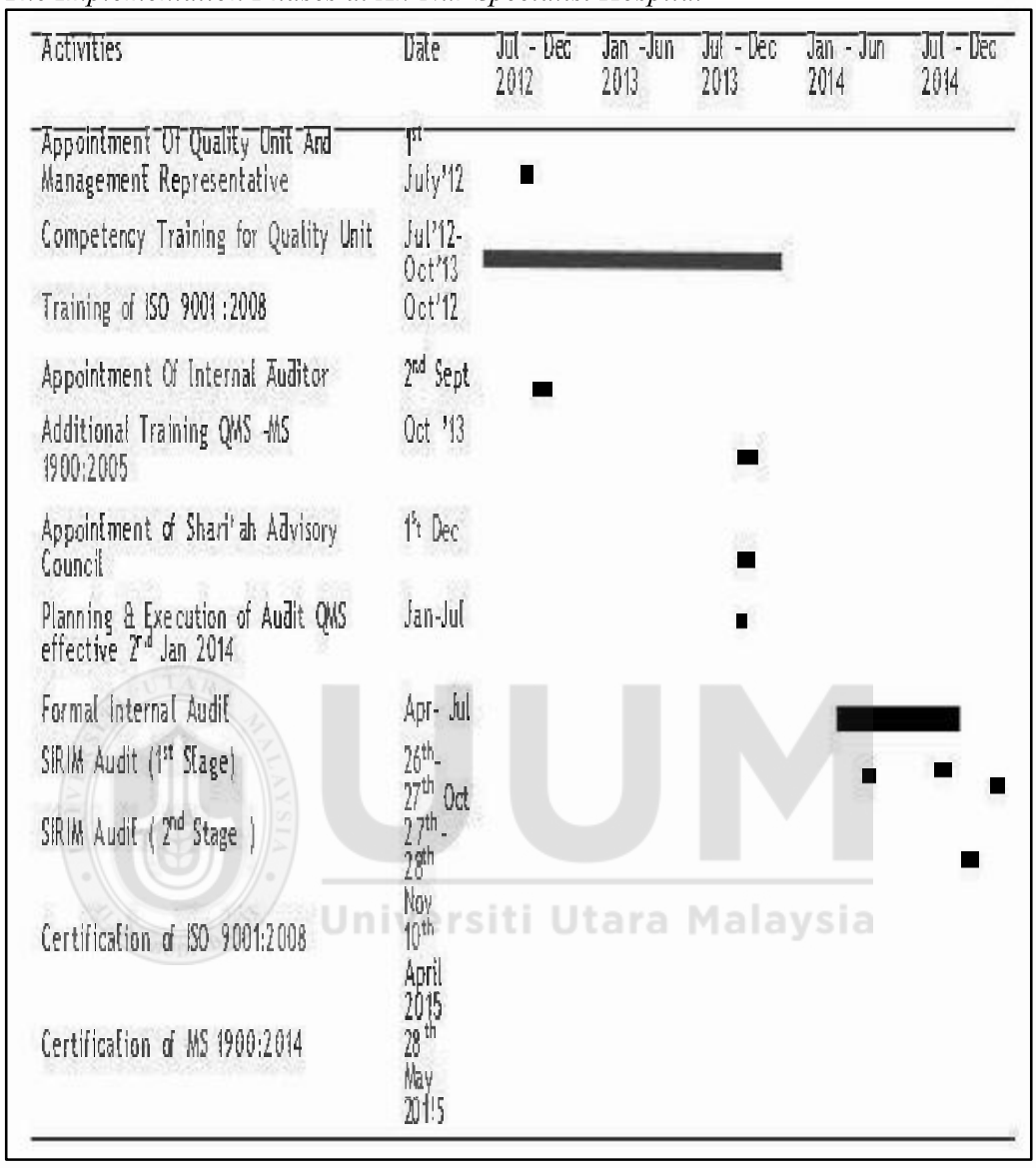
1. Comprehension of the core concepts of *Shari'ah.*
2. Comprehension on the concepts of *Halal* and *Haram.*
3. The understanding the principles of *'Ibadah* and *Mu'amalat.*
4. Implementation on the Islamic Concept of Quality.
5. The establishment of Islamic Core Values within the organization that operates the hospital (Ahmad Talaat et al., 2016).

2.8.1 Implementation Strategies

The strategies allow for a 3-stage approach whereby Stage 1 is the documentation preparation. Stage 2 is the human capital preparation where the training of all the staff was carried out. Stage 3 is where the Accreditation by SIRIM took place. At this stage any non-compliance will also be rectified within the specified timeframe ordained by SIRIM before SIRIM can award the certificate. The implementation strategies are shown in Table 2.5 below:

Table 2.5

The Implementation Phases at An-Nur Specialist Hospital



Source: Shariff, Mohtar and Jamaludin (2018a)

Stage 1 - Preparation of Documentation

The documentation for all the SOPs is shown in Figures 2.4 and 2.5. The common documents are those related to Work Ethics, Medical Practitioners Ethics, Medical *Fiqh,* and Patients Care Ethics. For the Core Processes, the Clinical related *Shari'ah* issues are in the Nursing Department, Pharmacy, and those shown in Figure 2.4. For the Support Services related to *Shari'ah* issues are Accounts & Finance, Human

Resources, and others as in Figure 2.5. Only those related to *Shari'ah* issues are being registered in the SCCPs. The preparation of these documents is critical before any training can be carried out. During this stage too, identification of the Internal Auditors is done on who will be the core team to be trained to handle internal auditing functions. They will ensure the readiness of the organisation before examination by the external auditors, in this case, SIRIM.

There is also the *'Ibadah* booklet and kit for inpatient which relate to prayer and fasting. This booklet provides guidelines for the patients to continue their devotion even when they are sick. The nurses are trained to assist if the patients are in doubt. Both figures indicated are those SOPs which have *Shari'ah* issues discussed in the SAC. For those without *Shari'ah* issues, normal SOPs prevail.

Stage 2 - Development of Human Resources and Environment

At this stage, the training of all staff in the organisation is being carried out. The training includes the basic vision, mission, core values, and also the common items such as work ethics, medical *Fiqh* as shown in Figure 2.4. The Core Processes of SCCPs for their particular department are also covered. Similarly, for Support Services as in Figure 2.5, the related SCCPs issues are also being discussed and to be understood. Besides trainings, the other activities include the weekly *Tazkirah* program, *Usrah*, and also the monthly *Majlis Ilmu* as a supportive program. All these programs are part of the processes in transforming the organisation to ensure the staff are fully equipped to be engaged as SCH. The core values were also explained and discussed during the weekly *Tazkirah.*

Stage 3 - Accreditation

The internal audits are responsible to ensure the readiness of the organisation to call for external audit. There were two (2) cycles of auditing carried out before the external audit was called. The first internal audit was carried out from 1st to 15th April 2014. Seventeen (17) non-compliance items and eight (8) observation items were identified. The various departments were given two (2) months to rectify before the next internal audit which was carried out on 7th to 11th July 2014. Twenty (20) observation items were pointed out. After the second cycle, the organisation submitted to SIRIM to carry out the 1st stage audit involving documentation. On 26th to 27th October 2014 SIRIM audit members came and identified eight (8) items under Quality Management System (QMS) mandatory documentation which needed improvement. The corrections were submitted on 18th November and the 2nd stage audit was expedited on 27th to 28th November 2014 (Shariff et al., 2018b).

Figure 2.4
Shari'ah Critical Control Points for Core Processes
Source: Shariff et al., 2018a

Figure 2.5
Shari'ah Critical Control Points for Support Services
Source: Shariff et al., 2018a

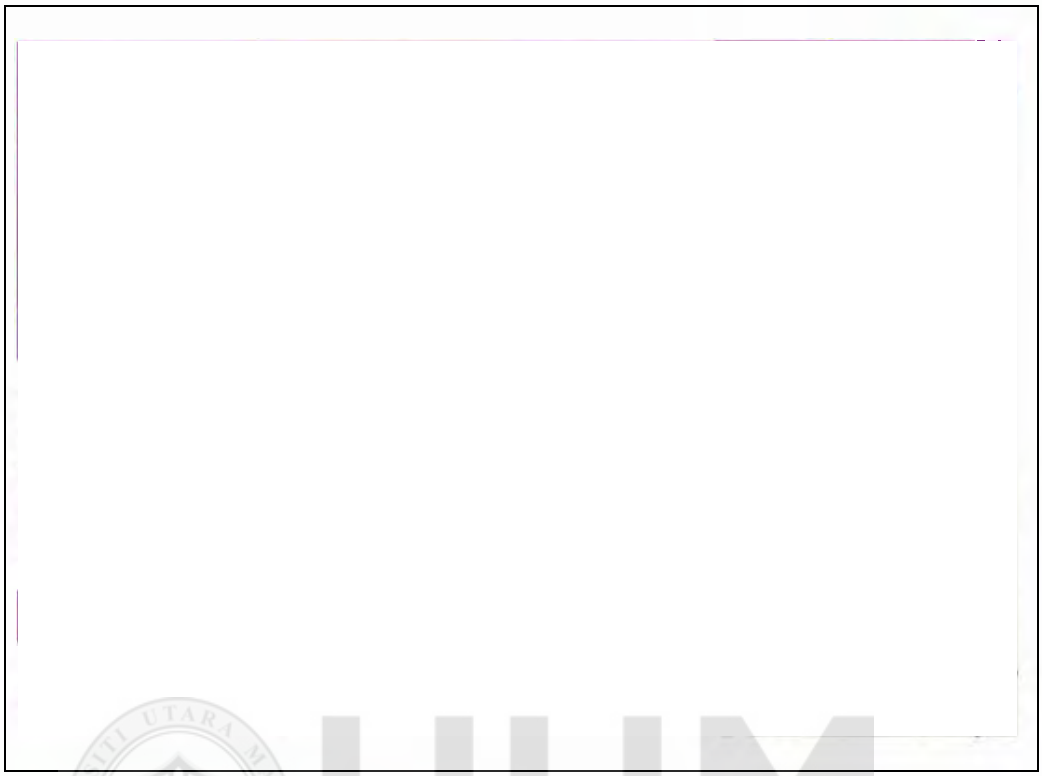
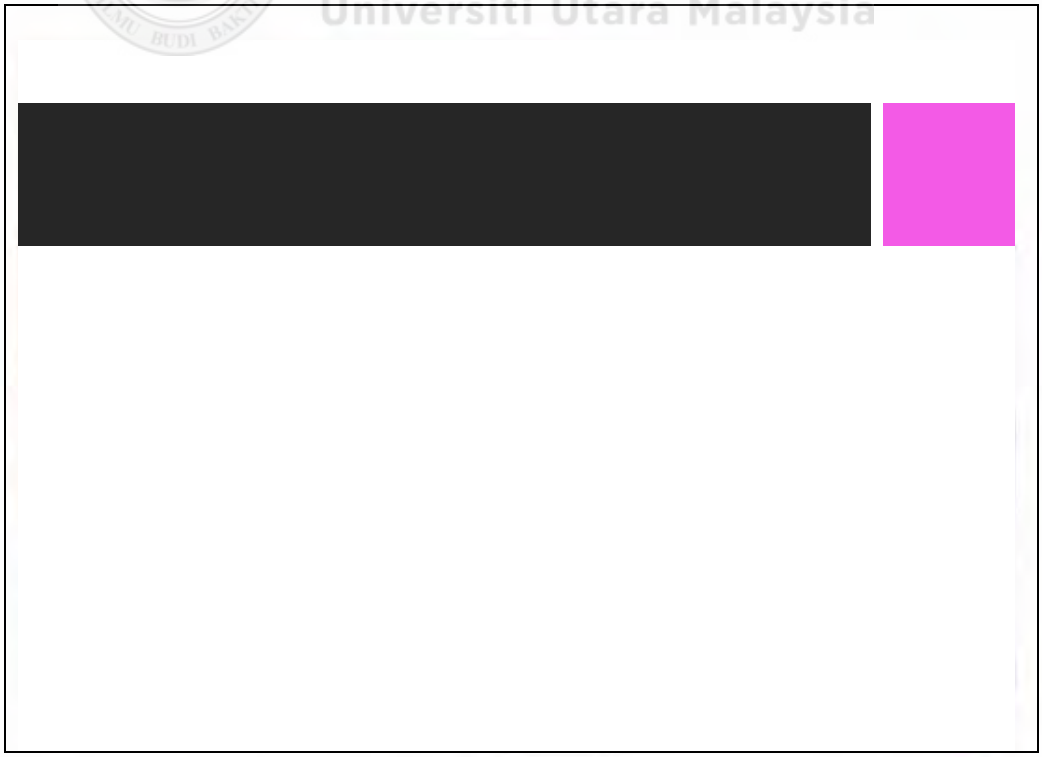


Figure 2.6
Quality Management System based on MS 1900:2014
Source: Courtesy of An-Nur Specialist Hospital, 2020



CERTIFICATE

SIRIM QAS International hereby certifies that

HOSPITAL PAKAR AN-NUR HASANAH SDN. BHD.
NO. 14 & 16, MEDAN PUSAT BANDAR 1
SEKSYEN 9
43650 BANDAR BARU BANGI
SELANGOR DARUL EHSAN
MALAYSIA

has implemented a Quality Management System complying with

MS 1900: 2014
Shariah-based Quality Management Systems – Requirementswith Guidance

Scope of Certification

PROVISION OF HEALTHCARE SERVICES COVERING CLINICAL AND NON-CLINICAL SUPPORT SERVICES.

Issue date : 23 March 2018
Validity period : 10April 2018--09April 2021
Certification No : QMS-/00126

Mohd Azanuddin Salleh
Managing Director
SIRIM QAS International Sdn. Bhd.

This certificate is granted subject to the terms and conditions as stated in the Certification Agreement

Figure 2.7
SIRIM Certificate MS 1900:2014 Validity Period: 10th April 2018 - 09th April 2021
Source: Courtesy of An-Nur Specialist Hospital, 2020

CERTIFICATE
OF ACHIEVEMENT

SME & ENTREPRENEURSHIP BUSINESS AWARD
PREMIER EDITION 2017/2018

Hospital Pakar An-Nur Hasanah Sdn Bhd

Category:
Shariah-Compliant Hospital
17 October 2017

Figure 2.8
SME & Entrepreneurship Business Award for Shari'ah Compliant Hospital

Source: Courtesy of An-Nur Specialist Hospital, 2020

2.9 Summary

The literature review allows to place into perspective the relevance of this research to the current and future needs of the Healthcare service provider to be certified MS 1900. Undoubtedly the availability of a well-documented literature is extremely helpful to future researchers. To conclude, this research which looks at developing a practical SCH framework has taken into consideration the available academic literature up to current time. It will also contribute to the Healthcare industry especially in implementing a SBQMS.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodology adopted on how the study was conducted. The chapter proceeds with research design and divided into seven (7) sub topics namely, qualitative research, research procedure, data collection, purposive sampling, interview protocol, data analysis, validity and reliability. The research design strategy consists of studying the academic literature and also in depth interviews. A detailed description of the procedures to be utilised are discussed and supported by the appropriate literature. The chapter concludes with the chapter summary.

3.2 Research Design

There are two (2) methods of data collection and due to the nature of the research, which is exploratory in nature therefore, qualitative research is most preferred compared to quantitative. Furthermore, qualitative approach is to uncover the understanding from experts and industry captains of how the *Shari'ah* Compliant Hospital (SCH) can be implemented and operated. The qualitative approach is most appropriate since there is still a lack of quantitative data on SCH. At the moment, An-Nur Specialist Hospital (ANSH) is the only private hospital that has been awarded the MS 1900:2014. Since qualitative approach is specific to context and it occurs in a way that minimises the invasiveness of researcher and focus on the wholeness of a phenomenon, then qualitative research is most appropriate to undertake the research (Strauss & Corbin, 1990).

The most challenging aspect of using qualitative analysis method is to analyse the enormous amount of data itself. It is inappropriate to treat qualitative data as similar to quantitative manner. It is rarely conclusive for data from qualitative research but rather typically is more suggestive. Nevertheless, the researcher should continue to proceed with the analysis process which is highly systematic and deliberate. The shortcoming is the temptation in carrying out qualitative work by simply generating impressions based on an initial review of transcripts or interviews. At other times, the researcher tried to expedite to written summaries quickly which can then blur the significant difference between what was read from raw data, observed, heard and the patterns and themes that a researcher has prejudged, that can result in an interpretation of the data before full analysis.

In qualitative work, the researcher has to distinguish between his observations and his interpretations of the observations. In order to achieve this, the researcher needs specific processes for tracking the raw qualitative data and managing those data. In the case of coding the data using phrases and words, there are ways that allow data to be examined at both in its textual context and outside of it. The ways to check on the reliability of coding are by using multiple coders and also by recognizing and articulating emergent ideas about patterns, themes, explanations, and hypotheses.

There are also ways for carrying out a conscious search in both for competing or rival patterns and explanations and for those data that in some way disconfirm or refine the patterns and also the explanations. All these are time-consuming and normally resource intensive, however it is a hallmark of respect for the data collected. The key element of being scientific process is the willingness to be proven incorrect. The

approach taken here is to apply qualitative methods to a highly applied field (Sofaer, 2002).

There is clarity in term of research questions. The use of a conceptual framework to guide data collection and analysis is appropriate. The qualitative methods with its discovery-oriented character can continue even in systematic and also purposeful manner. The structured qualitative research openness is more concern not to what you want to learn, but rather to what you actually do learn. The best qualitative researcher remains wide open to surprises.

3.3 Qualitative Research

The qualitative research methodology characteristics are aimed to understand some specific aspects in detail of phenomena and generally its approaches will produce text or words rather than numbers. The strategy is most appropriate when little is known about the problem to be investigated. These methods are attempting to provide answers to what, why or how of phenomena. The reasons for selecting qualitative methods are many, however the most valid reasons is due to the nature of the problem which is exploratory (Glaser & Strauss, 1967).

The study was based on the researcher's own experiences at ANSH in Bandar Baru Bangi, Selangor. The data related to quality management was collected from 2015 to 2018. Therefore, the researcher has applied the (longitudinal) case study research where the data was studied using this method which is defined as an empirical study that examines a contemporary phenomenon (i.e. quality management) within the real-life context examined over a period of time (Yin, 2003). The methodology is also

strongly based on similar action research principles, because both organizational change and research were conducted simultaneously and provided mutual input (Cronholm & Goldkuhl, 2003). A frequent criticism of case study methodology is that its dependency on a single case renders it incapable of providing a generalizing conclusion (Tellis, 1997).

Development of generalization and theory is thought to be only facilitated by qualitative methods and deduction. To eliminate these deficiencies, the grounded theory principles have been added to the method of case study. Grounded theory is an inductive approach which aims to generate hypothesis based mainly on qualitative data (Glaser & Strauss, 1967).

Strauss and Corbin (1990) stated that the researcher should begin with hardly any a priori constructs and then investigate deeply into organizational behaviours and events, and gradually test and form theories. Grounded theory was further developed into various variants over the years. Cronholm and Goldkuhl (2003) noted that the latest multi-grounded theory modification combines an inductive approach with a deductive analysis driven by theory. Multi-based theory includes a more systematic use than pure grounded theory of pre-existing theories. Goldkuhl (2004) claimed that although grounded theory was originally introduced in the social sciences, the active implementation of multi-grounded theory in other areas, such as research into the knowledge system.

Alvesson and Willmott (1996) claimed that management work was primarily focused on deductive reasoning and analytical inquiry. Following this approach, research for

Quality Management System (QMS) fails to provide in practice within organizations with deep insight and rich data relating to QMS. There is therefore a lack of practice-based research studies from which theories about QMS can be developed.

Leonard and McAdam (2001) stated that in order to develop a coherent and firmly founded set of QMS theories, a methodology such as grounded theory that investigates more deeply QMS related events within the organization is necessary. Yin (2003) stated that case studies are particularly appropriate within the methodology of grounded theory. Consequently, as described in (Leonard & McAdam, 2001), any grounded theory analysis technique for QMS is likely to benefit from a quantitative case study approach.

To sum up, a qualitative case study concept was implemented in the ANSH, together with intervention studies to test quality control. The grounded theory methodology was also used to enable the findings to be generalized. The NVivo™ Version 12 Plus was applied to carry out the very arduous process of query word frequency in the transcribed interviews. The results of this phase produced a general meaning of participants' point of view concomitant with the topic that was being investigated.

Delineation of meaning of units, relevant to the research questions will then lead to a very critical phase in elucidation of data. After the general meanings of data have been realised, the research questions were addressed by the researcher. After completion of the above-mentioned steps, the researcher looked over the list of units of pertinent meaning and eliminated the clearly redundant ones previously listed.

The relevant clusters of meanings were determined if these were logically grouped together. The essence emerged thoroughly inspecting each individual's responses, which lead to a common theme. Then, the researcher examined the clusters of meaning to identify the central theme expressing the quintessence of these clusters. The process of classifying the common themes by all participants were clustered, after going through all the sequential steps mentioned above. Combining all or in the majority of the interviews, the themes identified were clustered together as a general theme.

3.4 Research Procedure

The initial stage of the study protocol has developed to three (3) academicians who have knowledge in the areas. The input from these has been considered and improved to the instrument. Data gathering is through studying those academic literatures mainly written on institutions which complied to MS 1900. Through analysis utilising NVivo™ Version 12 Plus, the studies provide initial understanding of how to create the coding for further analysis. Once the coding has been established, it is then further analysed with other academic literatures specific to SCH. The result of the analysis has been elaborated in Chapter Four.

Triangulation is for complementary methods deployed under the assumption that the weaknesses inherent in one approach will be counterbalanced via strengths in other approach (Flick, 1998). The methodology adopted is first comparing with academic literatures related to *Shari'ah* compliant literatures on Hospitality and Healthcare. Nine (9) academic literatures were utilised for high usage of words and comparing amongst the literature. The most frequent words by order were then tabled by NVivo™ Version 12 Plus, and Word Cloud frequency was produced.

From the voice based data of interviewees the conversation were being transcribed into text based document. The documents were then being analysis by NVivo™ Version 12 Plus to produce similar outcome and similar Word Cloud. Through these coding, the major words were selected to form the keywords for the framework. Triangular analysis between the academic literatures and the transcribed documents were then mapped to form the cognitive maps to form the framework.

The output of the analysis can be seen in this chapter. With all the inputs, a framework diagram has been proposed. Similar process was conducted on the selected academic literature to generate the themes. The flowchart of the analysis procedure is shown in Figure 3.1.

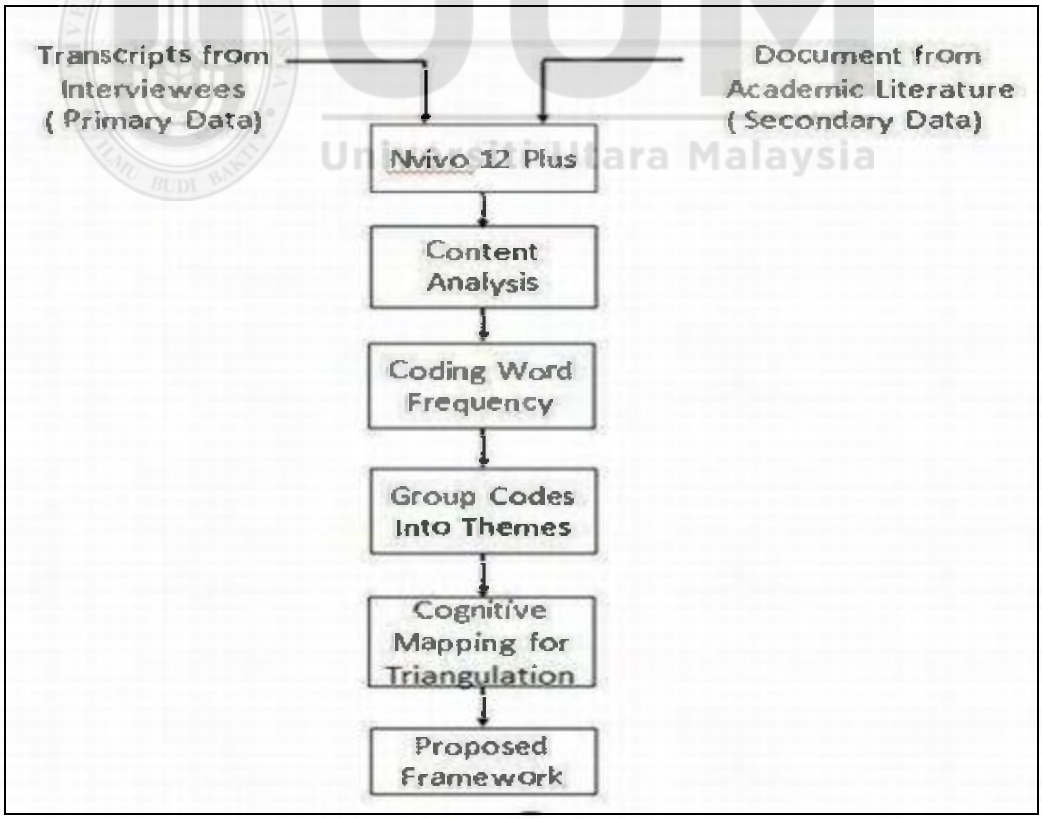


Figure 3.1
Flowchart of the Analysis Procedure
Source: Mohd Tobi, 2016

3.5 Data Collection Instruments

In terms of interview with the participants, the main facilities used were two (2) smart phones to record the conversation. Having two (2) smart phones is to ensure reliability and continuity in case any one phone stops functioning whilst the conversation is taking place. The interviewees were extended with the questionnaires early before the meeting and the conversation took place at the participants' workplace. The recorded conversations were then transcribed and checked with the original conversation before being transferred to NVivo™ Version 12 Plus for further analysis.

The use of information technology presently has provided much easier pathway to handle data analysis. Computer software applications have facilitated qualitative data analysis. The software allows one to better manage the complex, large and messy data in a more structured manner. Nonetheless, these software applications are just aided tools and not replacement for highly developed human capabilities of reading, transcribing and translating written texts. Hence, it is still vital for the researcher to possess the skills and ideas to challenge the analysis by undertaking manual procedure to ensure reliability and validity of attending research. Many qualitative analysis authors have provided step-by step procedure while researchers need to follow while doing analysis (Huberman & Miles, 1994; Krippendorff, 2004).

Much time can be reduced for the researcher in analysing data while manipulating the qualitative data. Manipulating the data is like a try and adjusting method used to assist in achieving the appropriate conclusion. The choice of the software applications belongs to the individual, however the selection is very much depending on the ease of use and available training platform for researcher to be familiarised with when one

is not IT savvy. In essence, the software does assist the researcher in better usage of time and to manage the data more efficiently without compromising the importance of understanding the analytical procedures of the research. For those who do not use software beyond Words will be hampered in comparison with those who do use (Huberman & Miles, 1994).

3.6 Purposive Sampling

The principal purpose of this study is to establish a SCH framework. The framework can be developed through gathering of primary and secondary data. The primary data would be from participants through interview whilst the secondary data will come from academics literatures, documents available on MS 1900. The output from these data analysis will provide the grouping of themes that will construct the framework.

3.6.1 Criteria and Justification of the Purposive Sampling

The criteria for selecting the primary data from participants will be:

1. Knowledgeable in theory and implementation of MS 1900.
2. Current Practitioners of '*Ibadah* Friendly Hospital, IFH.
3. MS1 900 certified SCH.

From the above criteria, the following participants were selected from:

1. Standard and Industrials Research Institute of Malaysia, SIRIM Section Head of MS Certificate Department.
2. Academicians whose expertise based on their published paper on MS 1900:2014.

3. Practitioners in IFH. Staff of ANSH which has been certified with MS 1900:2014 *Shari'ah* based Quality Management System, SBQMS.

Secondary data was collected from;

1. Academics Literature related to MS 1900.
2. Academics Literature related to *Shari'ah* compliant in related service industries i.e. Hotel and Airport.
3. Academic Literature related to '*Ibadah* friendly and Shari'ah compliant hospital.
4. Documents available from SIRIM, ANSH and other related to MS1 900.

The justification to adopt the purposive sampling is that, there is only one SCH at the moment of the study. Hence case study research is often criticised for its lack of rigor (Green, 2014). However if the research was carried out in a structured way and was well documented the case study research allowed in-depth analysis of existing subject area.

The academicians selected for the participants were due to their expert knowledge in MS 1900. Many of their literatures have been published in journals. Although the literature is not directly related to SCH but the literatures are related to MS 1900 (Ahmadun, Basir & Md Rasip, 2018; Mohamed, Ghani, & Basir, 2015; Mohamed, Basir, Syed Ismail, Ghani & Azmi, 2016; Mohd Ali et al., 2016). In term of the hospital operator participants, they are currently IFH practitioners which have similar Islamic inclination towards SCH although they cover only the patient care section only (Ahmad Talaat et al., 2016; Mohtar, Nazim, Shariff & Ariffin, 2016; Shariff &

Rahman, 2016). For participants from ANSH, it is because of their certification of MS 1900:2014 SBQMS and literature published on the hospital (Ahmad Talaat et al., 2016; Mohtar et al., 2016; Shariff & Rahman, 2016). The list of participants is as Table 3.1.

Table 3.1
List of the Participants from Various Institutions

No	Participants	Job Title	Institutions
1	En Zakiyya Mohamad Nor	Section Head, MS Certification Department	SIRIM QAS International
2	Assoc Prof Dr Siti Aini Haji	Lecturer	Academy Islamic Studies University Malaya
3	Assoc. Prof Dr Shariffah Hayati Syed Ismail	Lecturer	Academy Islamic Studies University Malaya
4	Dr Hasanah Ismail Mohamed	Quality Manager	Universiti Kebangsaan Malaysia
5	Prof Dr Ahmad Sukari Halabi	Medical Director	International Islamic University Malaysia Medical Center
6	Dr Ishak Mat Nor	Executive Director	Al Islam Specialist Hospital
7	Dr Ahmad Fakhri Mohd Sabeqi	Deputy Director	Sungai Buloh Hospital
8	Mohd Husni Abd. Shukor	Chief Executive Officer	Pantai Hospital
9	Dr Abd Halim Sibghatullah	Specialist ENT	An-Nur Specialist Hospital
10	Che Mahmud Che Noordin	Chief Operating Officer	An-Nur Specialist Hospital
11	Maroon Salina Mahmood	Chief Nursing Officer	An-Nur Specialist Hospital
12	Puan Normazita Nelmat	Manager Corporate Performance Department	An-Nur Specialist Hospital
13	Puan Asmat Hasbullah	Shariah Compliance Officer	An-Nur Specialist Hospital

The secondary data collection is through gathering of academic literatures which are related to *Shari'ah* compliance literatures especially on MS 1900 and also those on hospitality medical tourism. Literatures related to *Sharia'h* compliance in hotel industries are also included. Nine (9) academic literatures were compiled as listed below:

Table 3.2
List of Academic Literatures

No.	Author (year)	Title of Academic Literature
1	Hasan Al-Banna Mohamed, Siti Arni Basir, & Ab Mumin Ab Ghani. (2013).	The Success Factors in Implementation of Islamic Quality Management System : A Case Study in Public Higher Education Institution, Malaysia. UniSZA Postgraduate Research Conference (SEAMPSIS 2013), May 2014.
2	Basir, S. A., & Ghani Azmi, I. A. (2011)	Malaysian Islamic Quality Management System MS 1900 From an Islamic Perspective: an Implementation Model. Shariah Journal Jurnal Syariah, Jil, 19(2), 85–106.
3	Siswa, U., & Bustamam, A. (2013).	The Implementation of MS1900: 2005: A Case Study at SIRIM Berhad 1. *7th Qualitative Research Conference, November*, 22–23.
4	Mohd Ali, H., Basir, S. A., & Ahmadun, M. (2016)	Implementation of the Islamic quality management system MS1900 and its benefits : A case study at the department of hajj, waqf and zakah, Malaysia. Gjat, 6(2), 85–98.
5	Rahmat Yahaya, R. (2018).	What is Shariah Compliant Hospital Criteria and Scope? International Journal of Academic Research in Business and Social Sciences, 8(5), 1071–1079.
6	Shariff, S. M., & Rahman, A. R. A. (2016).	Shari'ah compliant hospital: from concept to reality: A Malaysian experience. Bangladesh Journal of Medical Science, 15(1).
7	Sailan, R., Rahman, A., & Rahim, A. (2018)	A Shariah-Compliant Airport Framework from the Perspective of Passengers at KL International Airport Akademia Baru, 1(1), 9–24.
8	Zawawi, M., & Othman, K. (2017)	An Overview Of Shari'ah Compliant Healthcare Service In Malaysia. *Malaysian Journal of Consumers and and Family Economics*,
9	Shariff, S. M., Mohtar, S., & Jamaludin, R. (2018)	A Practical Journey in Implementing a Shari'ah Compliant Hospital: An Nur Specialist Hospital's Experience. *International Medical Journal Malaysia*, 17(2), 177–186.

Other documents from ANSH were studied since the documents were verified by the accreditation body such as SIRIM for credentialing of MS 1900: 2014.

3.7 Interview Protocol

Normally open-ended questions or items are used to conduct in-depth interviews in qualitative date collection. It is argued that open-ended questions are best in measuring values, attitudes, behaviours, and social factors. For the current study, the variables

mentioned in the previous literature of similar nature were planned to measure with the help of close-ended (demographics) as well as semi-structured questions (learning behaviours). The factors measured in the previous scientific literature with reference to the current study's learning behaviours are adapted where available. To measure these factors, related initial items have been adapted as well as modified/developed.

Furthermore, more items were included (and/or during the interview) as per interview situation to acquire accurate responses from informants. At the first stage of research, the procedures of development and testing of the interview protocol were measured. The research objectives were taken into consideration during the above-mentioned phases. The relevant variables inquired and considered necessary in the previous studies of same nature were considered during the preparation of interview questions. The protocol of questionnaires was vetted through by academicians who have knowledge in this area and the attached protocol is per Appendix 1 paragraph questionnaires being developed based on the research question and research objectives.

3.8 Data Analysis

The purpose of the exploratory interview is essentially heuristic. This is to develop ideas and research hypotheses rather than to gather facts and statistics. The concern is how the participants think and feel as well as taking into consideration of his or her opinion about the topics of concern to the research. The interviews could be analysed utilising content analysis with word based and code based approach together with several analytical strategies adopted for content analysis for interviews as summarised in Table 3.3.

The analysis and interpretations of the data were carried out manually and using NVivo™ Version 12 Plus. The decision to conduct manually and using available software package is to gather in-depth understanding of the subject matter which will reflect the true meaning of the data.

As mentioned earlier, interview transcripts provide raw data that require systematic analysis. Krippendorff (2004) stated that the conversation can be registered into thematic distinctions to assist in capturing the important points or opinions for content analysis. The thematic distinctions could help the researcher search for possible on-going relationships between one point and the other based on understanding within the research context.

The methods of data collection are considered to employ multiple sources of evidence. This will then be allowed to converge for triangulation in order to construct the validity of the research. Data analysis is a research technique and relates to the innermost layer of research methodology. The purpose of analysing the data is to find meaning in the data and is done by systematically arranging and presenting the information (Burns, 2000). To be more meaningful to the study, Creswell (1998) recommended that the raw data were to be then processed through analysis, as follows:

1. General review of all information in the form of notes.
2. Secondly reduce the data by developing codes or categories.
3. Finally to make counts of data and determine how frequently codes appear in the database.

The data analysis strategies is depicted as shown in Table 3.3

Table 3.3
General Data Analysis Strategies

Author	Display Data	Identify Codes	Reduce Information	Count Frequency of Codes	Relating Categories
Bogdan & Biklen (1992)	Develop Diagrams and charts, tables, matrices and graphs	Develop Coding categories	Sort material categories		
Huberman & Miles (1994)	Make Contrasts and comparisons	Write codes, memos	Note patterns and themes	Count frequency of codes	Factoring, noting relations among variables, building a logical chain of...
Wolcott (1994)	Display findings in tables, charts, diagrams and figure, compare cases, compare with a standard		Identify patterned regularities		
Creswell (1998)	Direct interpretation, establish patterns, add description of case	Develop codes or categories & sort text or visual images	Sort material into categories	Count frequency of codes	
Yin (2003)	Pattern matching in finding simple patterns and precision of pattern matching, formal explanations by doing within				
Krippendorff (2004)		Identify codes as cognitive abilities	Develop categorical distinctions & thematic distinctions to sort material	Count frequency of codes	
Haigh (2007)	Data arrangement and pattern matching using table		Using funnel approach to reduce amount of unneeded specificity		
Stake (2006)	Display findings in tables, compare cases, compare with a standard. Make contracts and comparisons between case		Sort findings into themes by cases		Factoring, rating importance making assertions
Ormerod (2003)	Patterns-matrices, networks, maps, flowchart, diagrams, rich pictures	Identify themes keywords & phrases	Coding data, adding comments, reflections	Quasi-statistical frequencies	

Source: Adapted from Creswell (1998)

Krippendorff (2004) suggested that content analysis can range from the simplest form of word count to thematic analysis or conceptual analysis. Huberman and Miles (1994) suggested that the preliminary counts of data and determining how frequently codes appear in the database is part of content analysis. The kind of analysis is useful in discovering patterns of ideas in the body text.

Different authors refer with different terms such as conceptual analysis; word counts (Ryan & Bernand, 2003), and word-based analysis (Jackson & Trochim, 2002). In conceptual content analysis, the test is to check the existence and frequency of a concept or theme where it is then later categorised into codes (Franzosi, 2004). The underlying principle is to identify the occurrence of selected terms within the text. These terms may explicitly or implicitly relate to the concepts or themes and the content analysis process can be done either utilising word-based analysis or code-based analysis or both.

Word-based analysis takes into account the natural meaning embedded in the text to generate the meaning in the text. Data generated and collected from unstructured or open-ended interviews are known as free flowing texts (Palmquist, 2010). According to Silverman (2007), content analysis can be carried out by examining the frequency of words and it is an accepted method of textual investigation to establish a set of categories and then count the number of instances that fall into each category (Silverman, 2007). These can be done through precise word counts to ensure the reliability of its measures and validity of its findings.

The development and definition of categories and codes could be obtained from academic literature (Ryan & Bernand, 2003). The text can generate concepts, categories, and codes. Hence codes can be identified before, during, and after the data collection. The code-based analysis of text creates links between theory and empirical data and allows conclusions to be drawn while facilitating a rigorous and transparent analysis of the data (Ryan & Bernand, 2003).

Another technique used to present messy structure or complex data is by cognitive mapping (Ackerman, 1992). Easterby-Smith (2003) stated that a map is a powerful way of analysing and presenting large amount of qualitative data. This is useful in planning the next steps in identifying areas where more information might be required.

Clarke and Mackaness (2001) stated that the popularity of this technique radiates from its inherent simplicity and the attractiveness of using visual forms of data presentation. The technique can be considered to patch the weakness in terms of data display in code-based content analysis. Hence, content analysis is used to identify concepts by developing codes, whereas cognitive mapping is used to explore relationships among concepts by illustrating the visual presentation.

Finally with the development of computer software tools for qualitative data analysis, the process of analysing data has become much easier and has eased the technique to be much more responsive and flexible. The study used the latest version of NVivo™ Version 12 Plus which allows auto-coding to be expedited.

3.9 Validity and Reliability

The aspect of validity and reliability in any case study indicates how far the research is consistent and precise. Qualitative research methodology requires evidences from multiple sources especially related to case study in ensuring the validity and reliability of the case study. Validity is defined as the capacity of a measurement carried out to measure the real value of a study. According to Piaw (2006), a qualitative research bears higher validity and credibility is first where the research study presented a real analysis of a personal experience which is also being experienced by others. Secondly,

when others experience the same, even though the same research is read, then it has greater credible standing.

Since the reliability and validity of the research is of paramount importance, the research requires several procedures to ensure the highest untainted result. According to Piaw (2006) to protect the validity and reliability, a few strategies will need to be observed by the researcher. In the early stage, the questionnaires for the interview protocol were vetted by academicians who are knowledgeable in MS 1900. The academicians referred were from a University Malaya lecturers namely Assoc. Prof Dr. Siti Arni Basir (Basir & Azmi, 2011). The reference was to ensure relevant questions are being set especially in the implementation of MS 1900, the issues and challenges faced, and the success factors.

Besides ensuring the highest validity and reliability, the researcher had examined the data collected through interviews and also from the institutions. These data were examined through face validity and getting back the response after being transcribed. These are important to receive validation from the interviewees through emails. This has greatly upgraded the credibility of the session. This has reflected the true situation of the interview.

The researcher has examined the data collected and has gone through the content validity with the supervisor and expert in MS 1900 at the later stage of the research. This is to ensure the data are in line with the research. The other part of the study is the aspect of reliability where triangulation of the data was carried out to produce the highest quality result. Accordingly, the method can be observed many times through

three major aspects, firstly, in different timeframe, different space, and different individuals. The researcher is utilising different aspect and different data from different research literatures. The usage of proper recording instruments and written protocol were extended to the interviewees. Also notes taken were then compiled and research literatures too, using Mendeley.

The issues of validity and reliability are addressed concurrently with other research methods. The reliability of a content analysis study is very much a reflection of its stability. There is a great tendency that the coders will recode consistently the same data and following the same way and style over a period of time. It has the ability for reproducibility. There is also another tendency for a group of coders to classify the membership categories in the same way. The coders even go to the extent to which the classification of a text corresponds to a standard.

Gottschalk (1995) pointed out that the reliability issue may be further complicated by the inherent human nature of researchers. For this reason, he suggested that coding errors can only be minimized but not eliminated. He suggested for 80% as an acceptable margin for reliability.

In particular, the validity of categories in implicit concept analysis, is achieved by utilizing multiple classifiers to arrive at an agreed definition. In a content analysis study, it might measure the occurrence of the concept category *Shari'ah* for example, in the transcribed documents. The concept category, using multiple classifiers, can be broadened to include synonyms such as *Shari'ah*, *Syaria,* and Islamic. Non-*Halal* which tends to be the explicit variable, while *Halal* etc. is the implicit variables.

In the concept analysis research, the problem is the challengeable nature of conclusions that are reached by its inferential procedures. The frequent question is at what level of implication is allowable. Are the conclusions specifically derived from the data? Can they be explained due to some other phenomenon? As an example, for occurrence-specific studies, is the second occurrence of a word carry equal weight as the forty-ninth? There are reasonable conclusions that can be drawn from the substantive amounts of quantitative data collected. However, what may still remain unanswered is the question of proof.

The best illustration of the problem is when one utilises software application to conduct word count. Often to distinguish between synonyms and homonyms can be a problem and can completely throw off one's results. This can invalidate any conclusions when one infers from the results. As example the word mine, variously denotes, an explosive device, a personal pronoun as similar to a deep hole in the ground from which ore is extracted. The accurate count of that word's occurrence can be obtained and also the frequency. However, it may not provide an accurate accounting of the meaning since it has similar letters inherent in each particular use. The count may calculate thirty occurrences of the word mine. If one is only looking specifically for mine as an explosive device, for example, and ten times of the occurrences are actually personal pronouns, then the resulting forty occurrences is an inaccurate result. Hence, whatever conclusions drawn would render that conclusion invalid if it is only based on the number of counts.

In conclusion, there is a great dependency on how one determines the concept categories and on how reliable those categories are. Therefore, it is imperative to

define the categories that measure accurately the items when one is seeking to measure. There should also be definition to this construction of rules. When developing the rules, it should allow to categorise and to code the same data in the same way over a period of time. This is referred to as stability and is essential to the success of a conceptual analysis. It may not only refer to specific categories but reproducibility on general methods applied to establishing all sets of categories. It allows a study to be summarised, and its subsequent conclusions and the results produce a more complete and sound conclusion. A study is said to have accuracy when the classification of a text corresponds to a standard or norm (Colorado, 2010).

3.10 Summary

This chapter outlined the methodology of the study. The criteria for selection of primary data from related institutions were explained. The chapter explained the justification of the purposive sampling used in the study. The selection of primary and secondary data was also explained. These were carried out to fulfil the research objectives. Based on the nature of qualitative approach which is more appropriate for exploratory, the methodology has fulfilled the objectives of the research.

The main criteria of all the efforts lie on its reliability and validity took to ensure the pathways were correct, and participants validated transcriptions. With the methodology based on the analysis flowchart procedure, the researcher believed the process has been through enough to develop the framework.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

Based on research methodology in Chapter Three this chapter deliberate the findings and achieved through the data collection stage. The chapter is divided into 5. The findings provide a way of examining the frequency of words as an accepted method of textual investigation to establish a set of categories. It then allows the software application to count the number of instances that fall into each category. With the assistance of NVivo™ Version 12 Plus, precise word counts are possible to ensure the reliability of its measures and validity of its findings. Accordingly, a code based approach is used to derive the main themes or concepts from the free flowing text rather than the traditional using word-based approach to directly obtain the codes (Mohd Tobi, 2016).

4.2 Coding and Themes

A theme is a meaning unit, the pattern of words or statements which relate to central meaning and also described as a coding unit (Baxter, 1991). This is also called as an Idea Unit (Kovach, 1991) or a Textual Unit (Shelley & Krippendorff, 1984). A Textual Unit is with keyword and phrases (Downe-Wamboldt, 1992; Lichstein & Young, 1996). These meaning Idea Unit themes extracted from a unit of analysis (Graneheim & Lundman, 2004) are words, sentences or paragraphs related to research questions. The inner world experiences (Hycner, 1985) of informants are delineated in the portion below considering the research objectives of the current study.

The theme selection process starts with the process of coding. The coding concept refers to the given name to a word, phrase, sentence, or paragraph in data to describe what is being said. It is also called the process of naming or tagging the chunks of data. The selected or highlighted portion in the text (word, phrase, sentence and paragraph) is the meaning unit which relates to the specific phenomenon (Male, 2016).

All the relevant codes under one name lead towards the emerged themes. Developing a coding system in qualitative in-depth interviews includes many sequential systems. Starting from searching regularities of data, of which the patterns were related to the research aims. These regularities of data and patterns (coding categories) are then placed under specific themes (Flick, 2009). In the current research investigation, the 12 in-depth interviews were coded considering research questions and then characterised into different coding categories which lead towards the emerged themes.

4.2.1 Coding Structure and Theme Categories

After identification of codes and naming these basic meaning units, these units are put into categories as coding categories. These categories are also known as a family of similar codes. These categories or code families might be named as a general or common code. Initially, the three (3) types of coding structures are used in qualitative analysis. These types include, purely inductive (Fereday & Muir-Cochrane, 2006), start list method (Burnard, 1991), and an integrated approach (Strauss & Corbin, 1990).

The integrated approach of coding was used in the current study is best considered. The research questions of current investigation and detail repeated reading of the

interview transcripts, the initial themes, and coding categories were structured. After that the emerging themes were placed under its relevant main category. In other words, all the emerged themes of current study were gathered and then categorized into four main groupings based on the research questions. The themes categories which appeared in the light of the aims of the study are explained here with the help of the following illustration.

4.3 Content Analysis from Academic Literature

A total of nine (9) academic literature were selected for the analysis. The findings as shown in Figure 4.1.

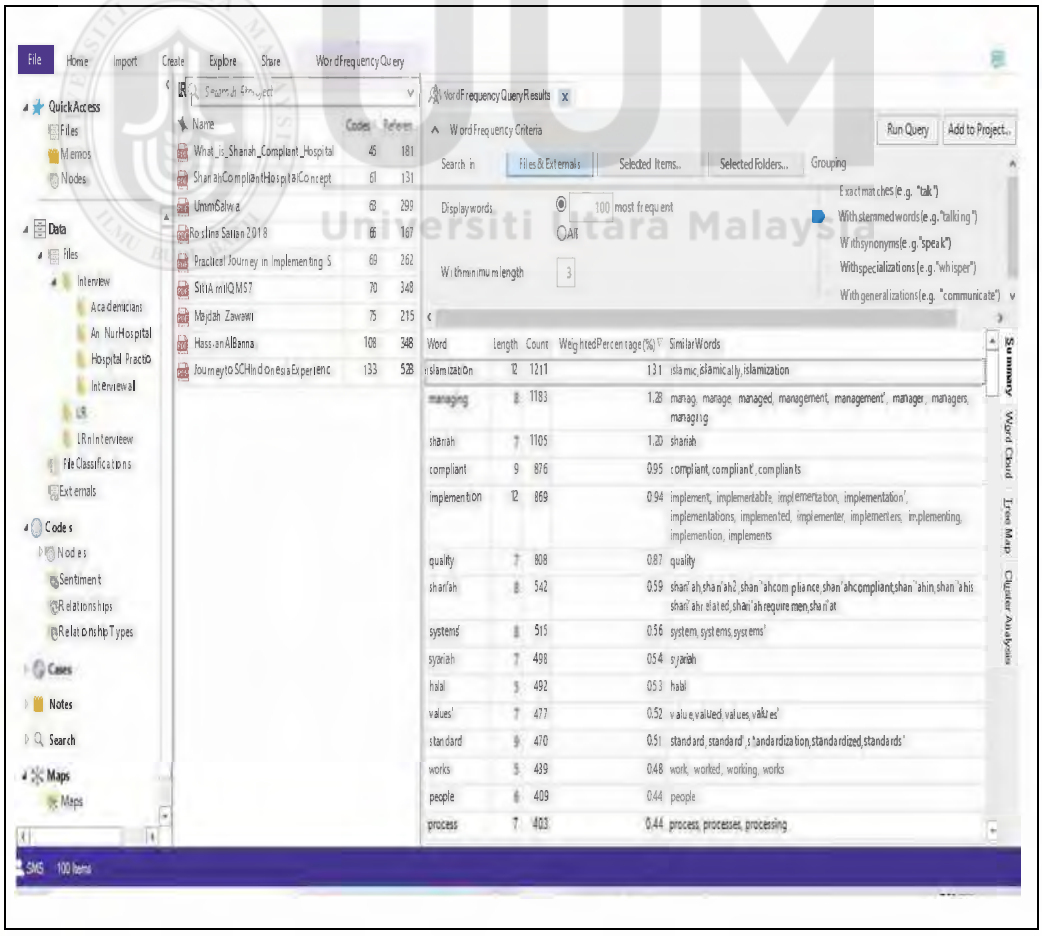


Figure 4.1
NVivo™ Version 12 Plus output for Academic Literature Word Frequency

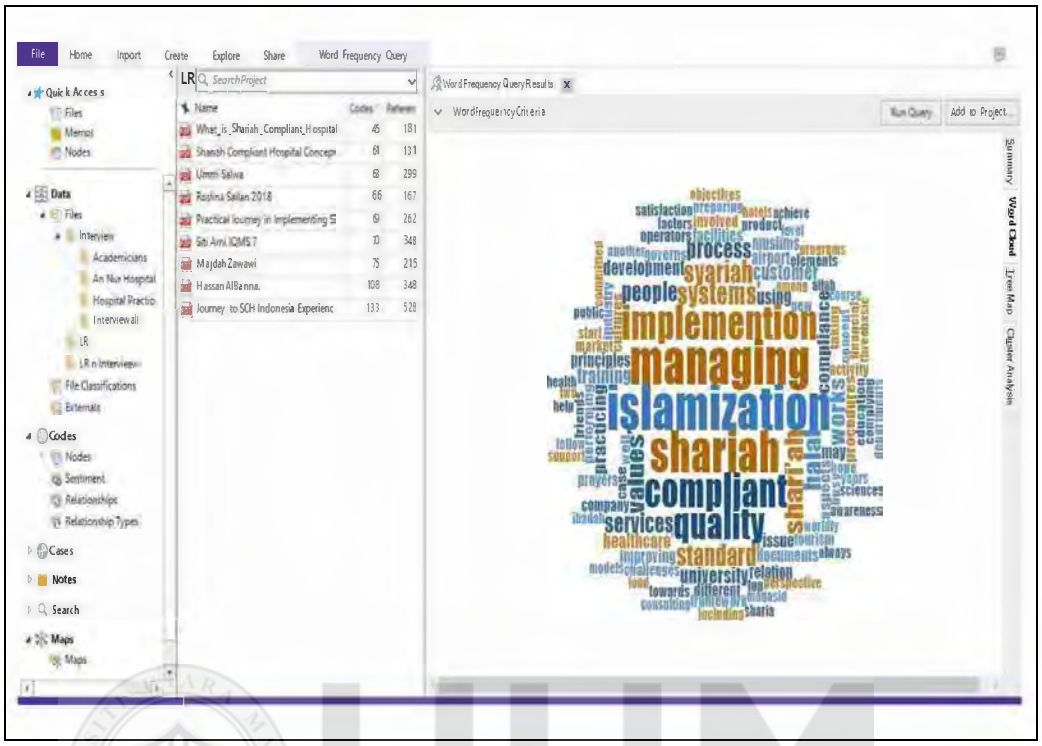


Figure 4.2
NVivo™ Version 12 Plus Output for Academic Literature for Word Cloud

From the above two (2) Figures, it is obvious the most frequent words are:

Table 4.1
Word Frequency for Academic Literature

Word Frequency	Total No of Word Count	Word Frequency	Total No ofWord count
1. Shari'ah, Shari'ah,Syariah	867	9. Standard	216
2. Management	586	10. Services	160
3. Quality	461	11. Process	156
4. Islamic	437	12. People	137
5.Compliant, Compliances	405	13. Work	131
6. Implementation	262	14. Values	126
7. System	258	15. Customers	108
8. Halal	223	16. Healthcare	107

From the academic literature analysis, the emphasis is on *Shari'ah* and related to the word *Shari'ah* example *Maqasid Shari'ah*. In term of *Shari'ah* Compliant Hospital (SCH), the above word counts formed the elements and components of SCH. The major components are classified as:

1. Principle Components.
    a) *Shari'ah*, *Halal*, Values, Islamic, Compliant.
2. Other related Elements.
    a) Management, Process, Work, System, Quality, Services, People.
    b) Customers.
    c) Implementation, Standard, Healthcare.

Similar classification will be carried out for the content analysis of Interviewees.

4.4 Content Analysis from Interviewees

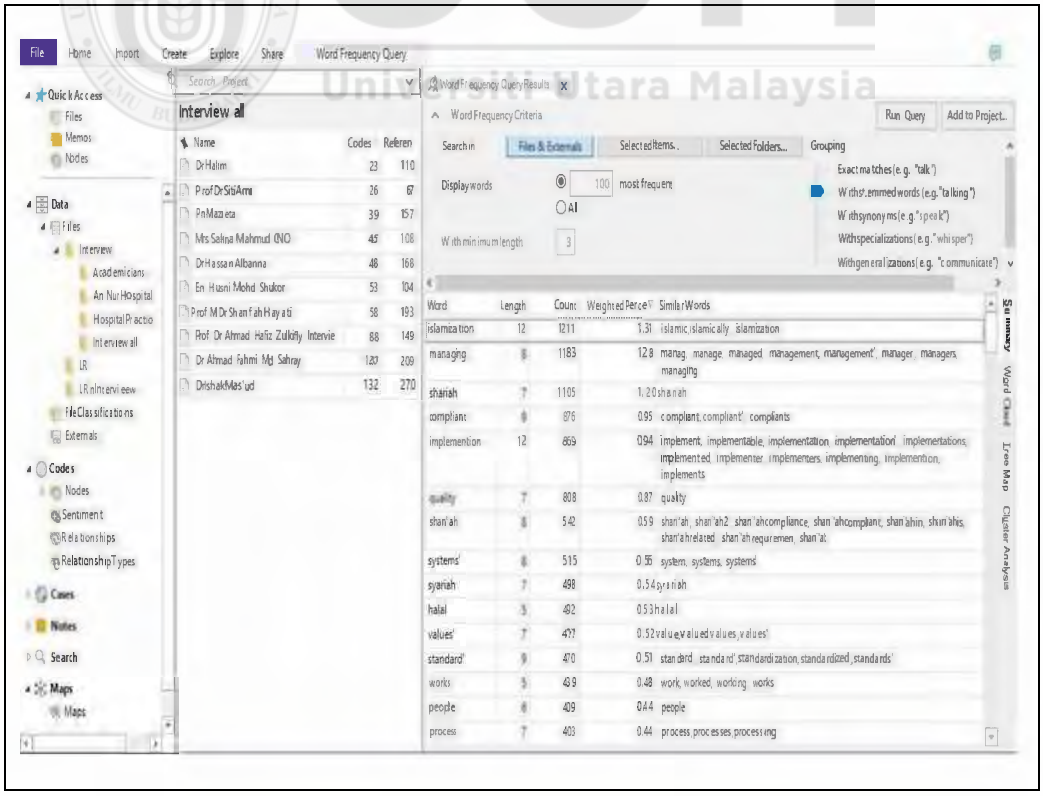


Figure 4.3
NVivo™ Version 12 Plus Output for Interviewees Word Frequency

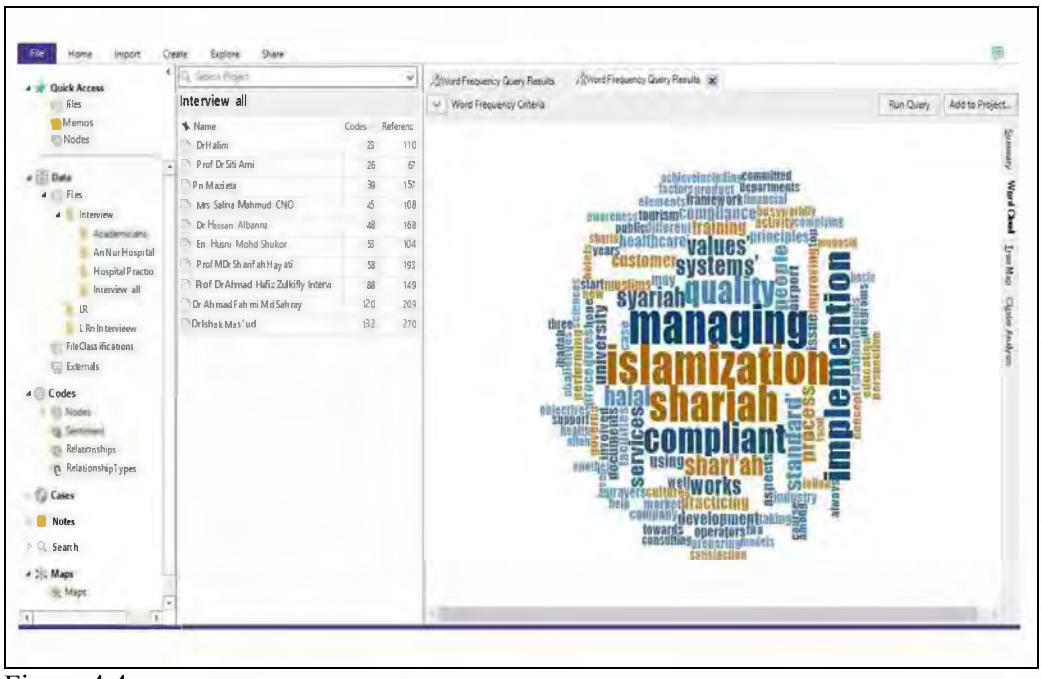


Figure 4.4
NVivo™ Version 12 Plus Output for Interviewees Word Cloud

From Figure 4.4 the word frequency for the highest order for 11 top words are as follows:

Table 4.2
Word Frequency form Interviewees

Word Frequency	Total No of Word Count	Word Frequency	Total No of Word count
1. Shari'ah, Shari'ah,Syariah	216	7. Quality	55
2. People	114	8. Customer	53
3. Compliant	106	9. Values	51
4. Islamic	102	10. Halal	43
5. Management	73	11. Training	41
6.Work	67		

Similar word frequency appeared although the arrangement is not totally the same. However the major words can be classified as:

1. Principle components.
    a) *Shari'ah*, Islamic, *Halal*, Values.
2. Related Elements.
    b) Management, Compliant, People, Work, Quality, Training.
    c) Customer.

4.5 Content Analysis from Combination of Academic Literature and Interviewees

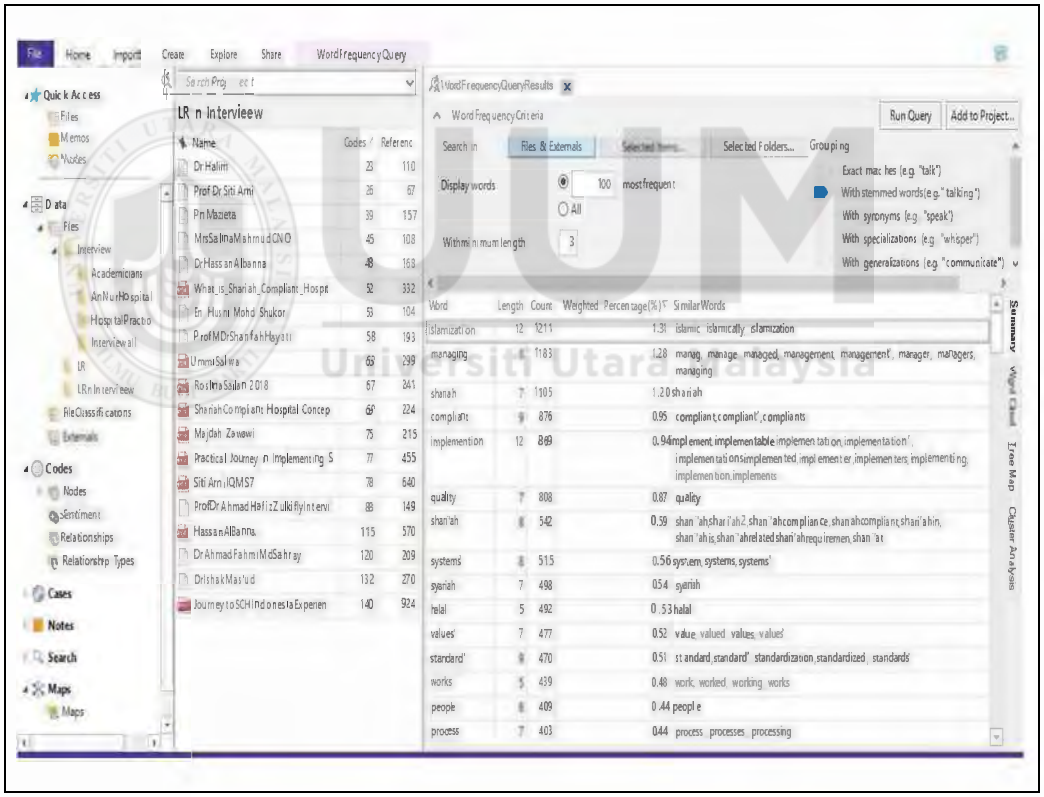


Figure 4.5
NVivo™ Version 12 Plus Output for Combination of AL and Interviewees on Content Analysis

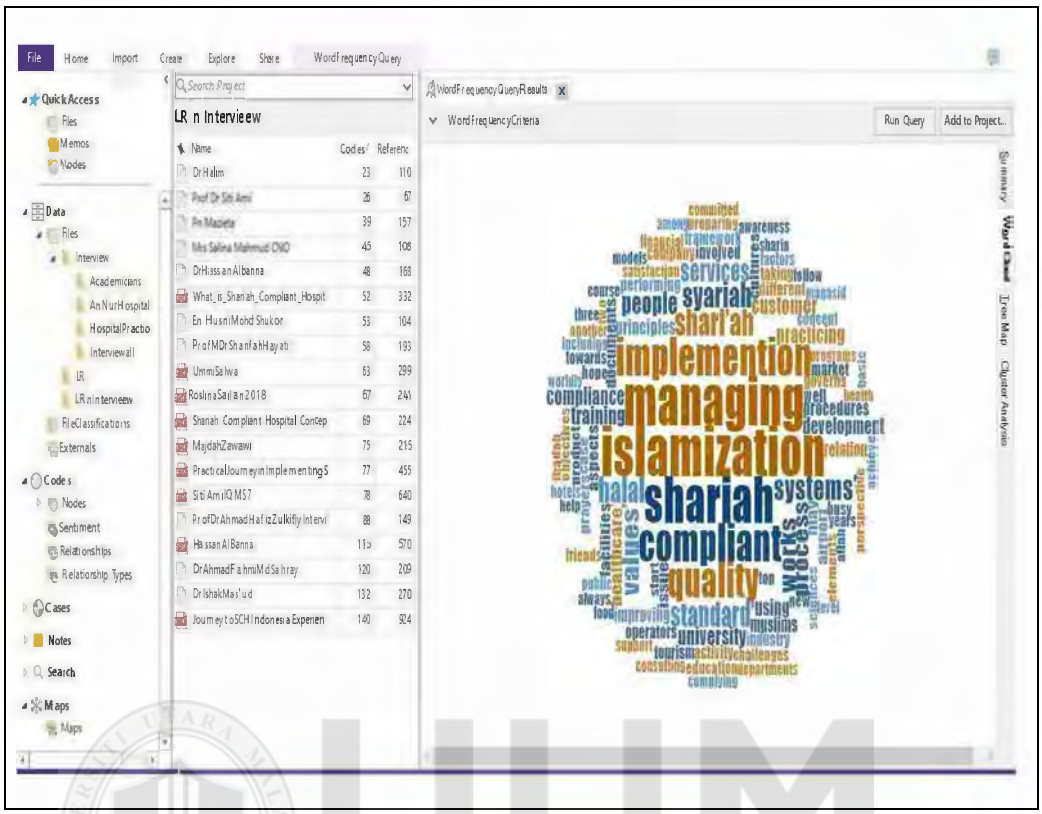


Figure 4.6

NVivo™ Version 12 Plus Output for Combination of Academic Literature and Interviewees on Word Cloud

4.6 Themes Derived from Both Content Analysis

From the above output, it is pertinent to note that the selected themes have a reference to all the academic literature documents and also the interviewees. The NVivo™ Version 12 Plus is very powerful and allows efficient triangulation procedures to cross check on all the content analysis. It would have taken months to cross reference and tabulate all the text related to that particular theme.

The selection of the themes is based on the word frequency and also the researcher's understanding of what is required for a framework. The selected themes are:

1. *Halal* and *Haram.*
2. Islamic Attributes.

3. *Maqasid Shari'ah*.

4. Procedures.

5. Training.

6. Technology.

7. Values.

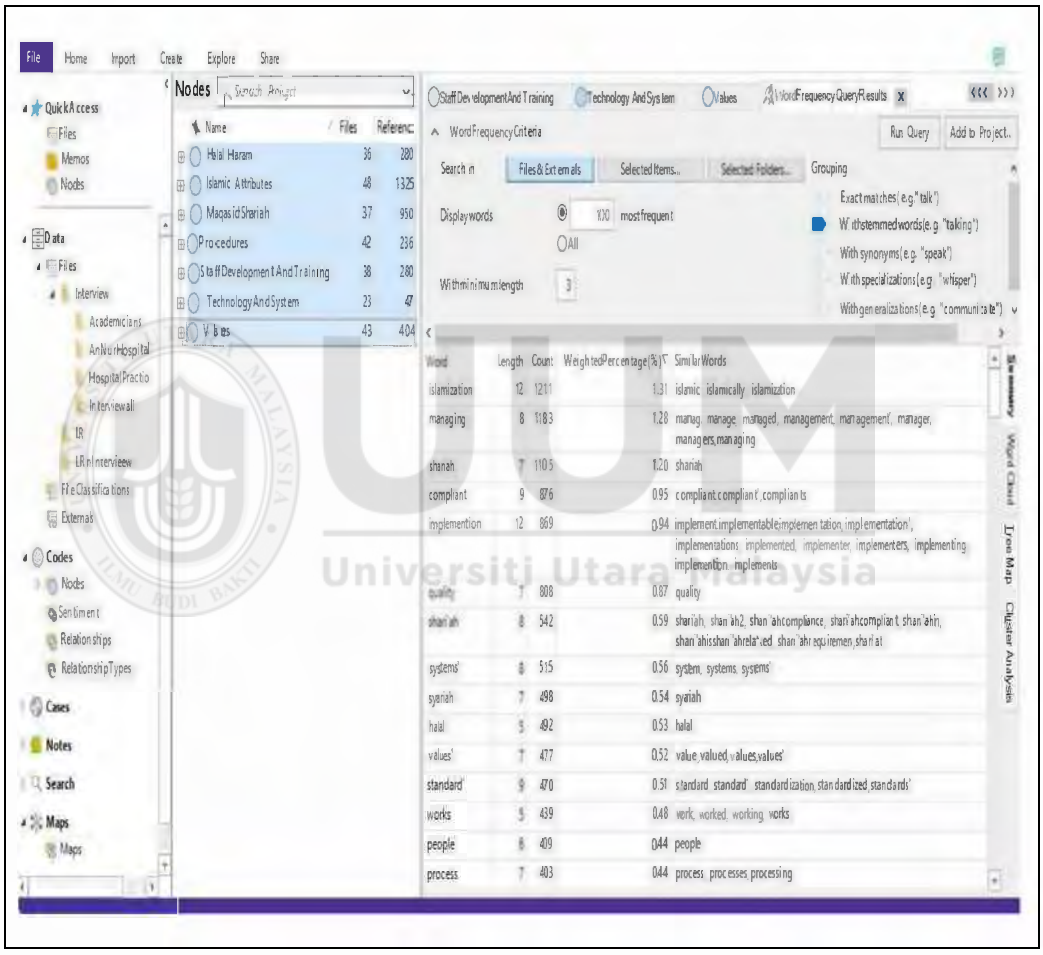


Figure 4.7
NVivo™ Version 12 Plus Output on the Themes Selected After Word Frequency

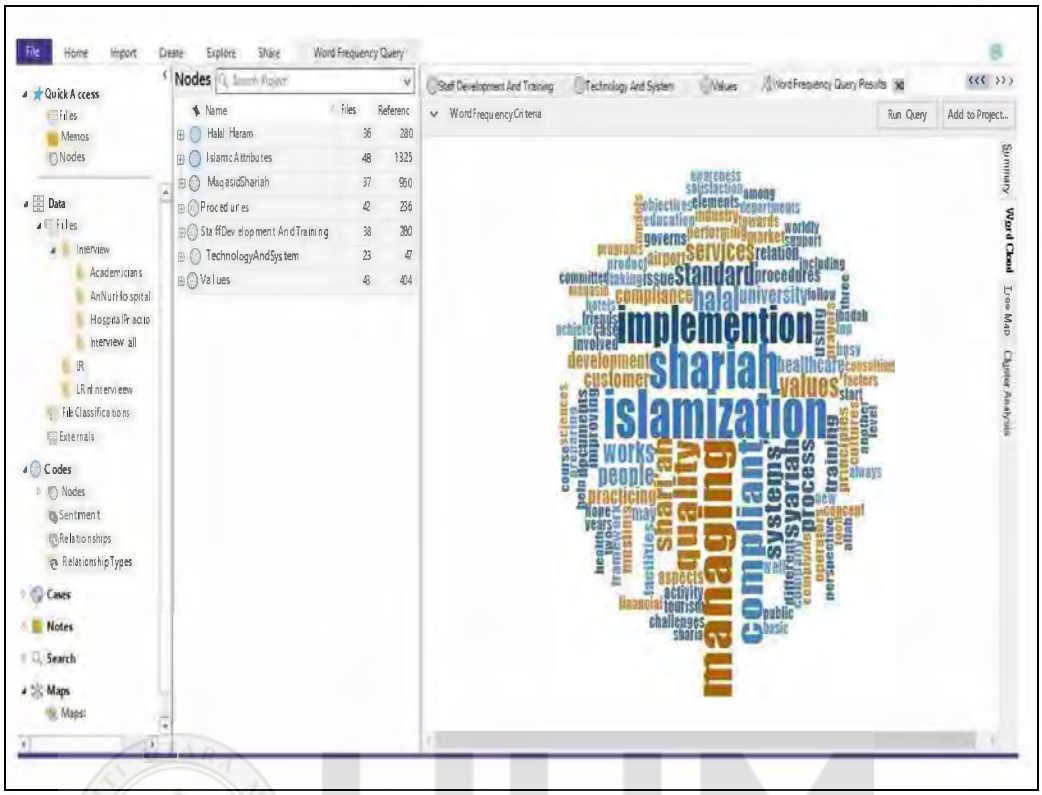


Figure 4.8
NVivo™ Version 12 Plus Output Themes on Word Cloud

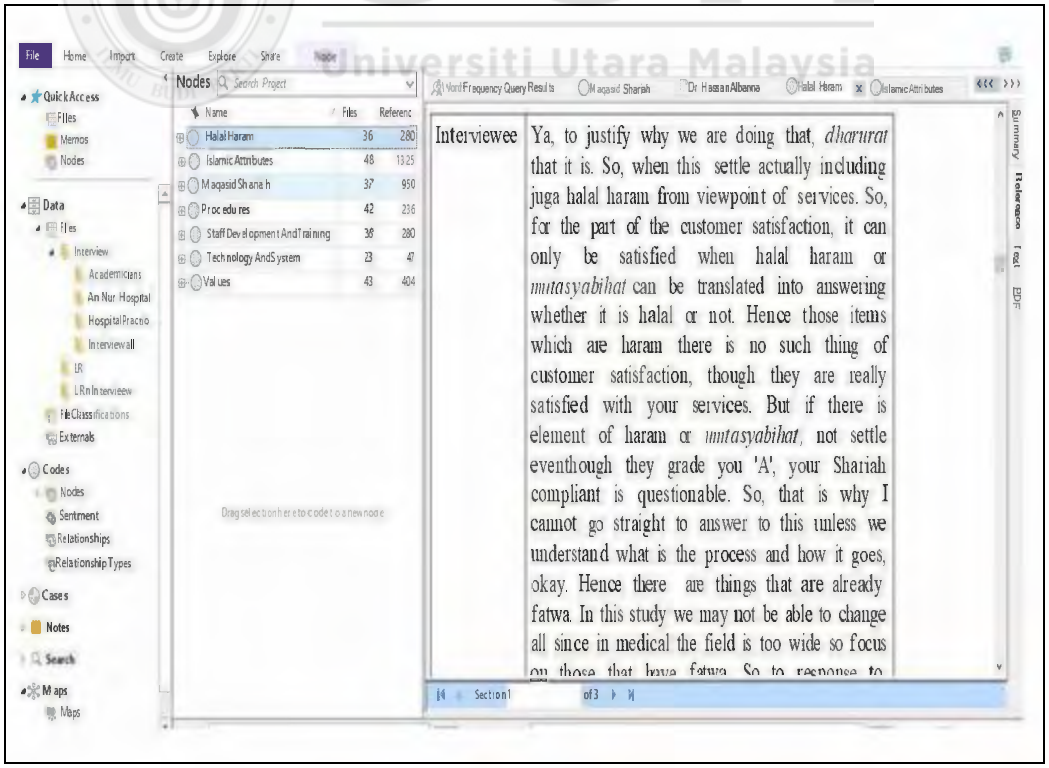


Figure 4.9
*Theme **Halal Haram** Reference to Dr. Sharifah Hayati*

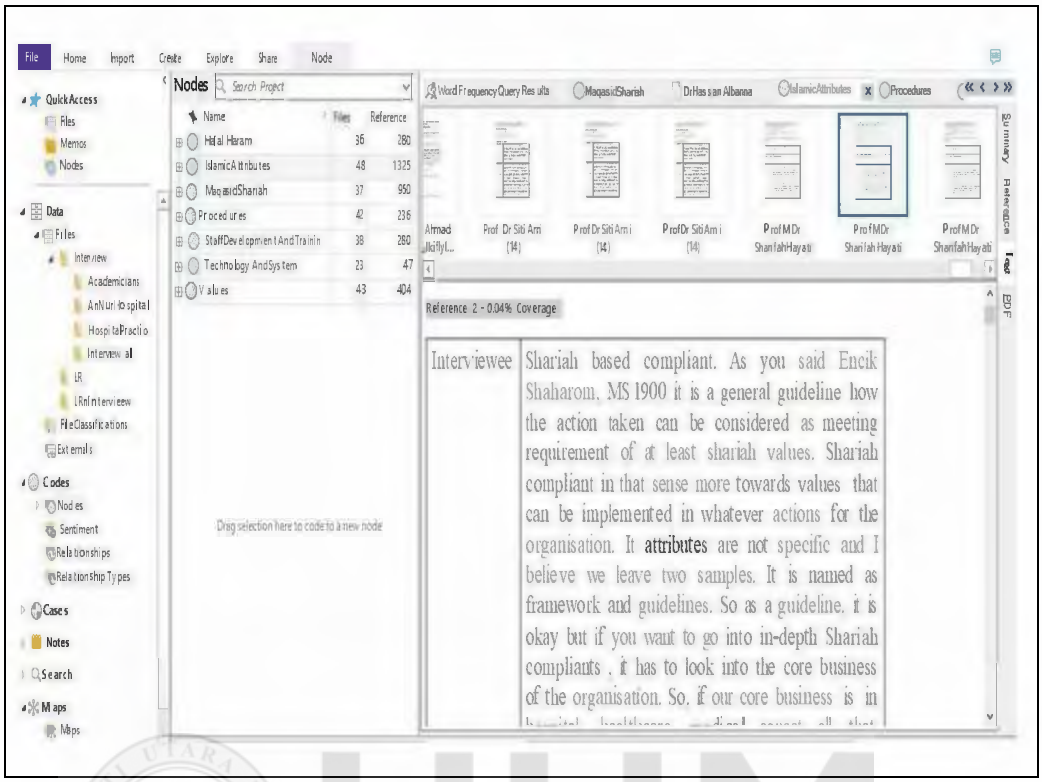


Figure 4.10
*Theme **Islamic Attributes** Reference to Dr. Sharifah Hayati*

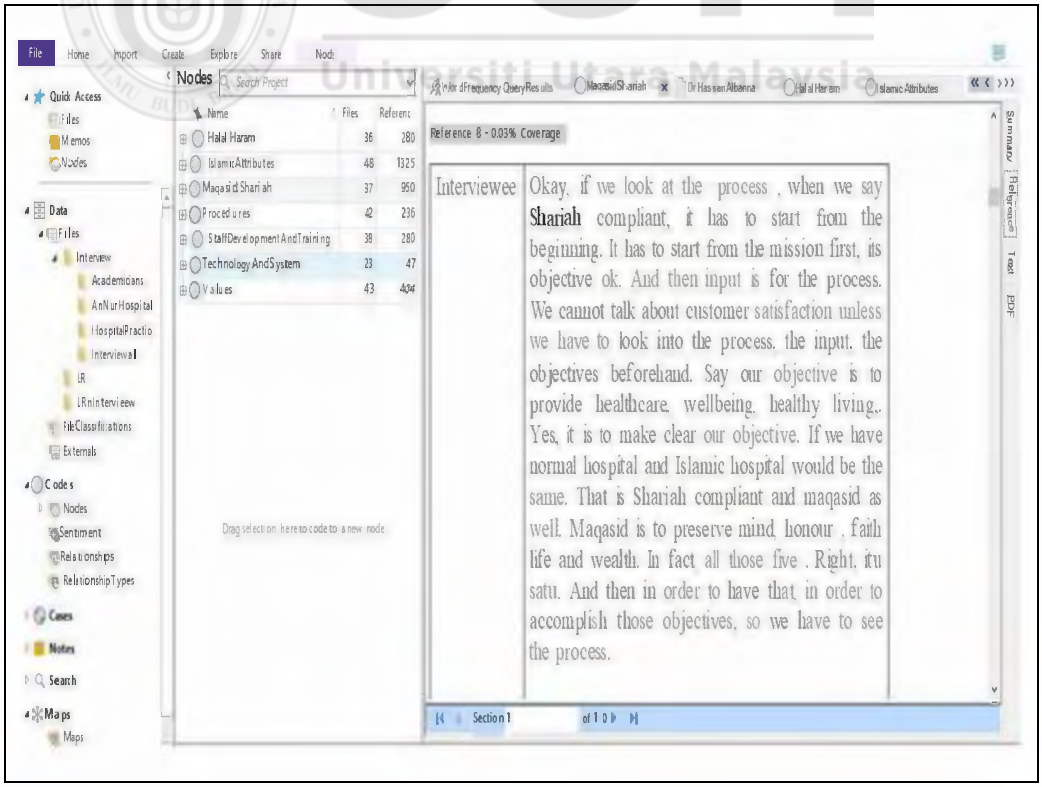


Figure 4.11
*Theme **Maqasid Shari'ah** Reference to Dr. Sharifah Hayati*

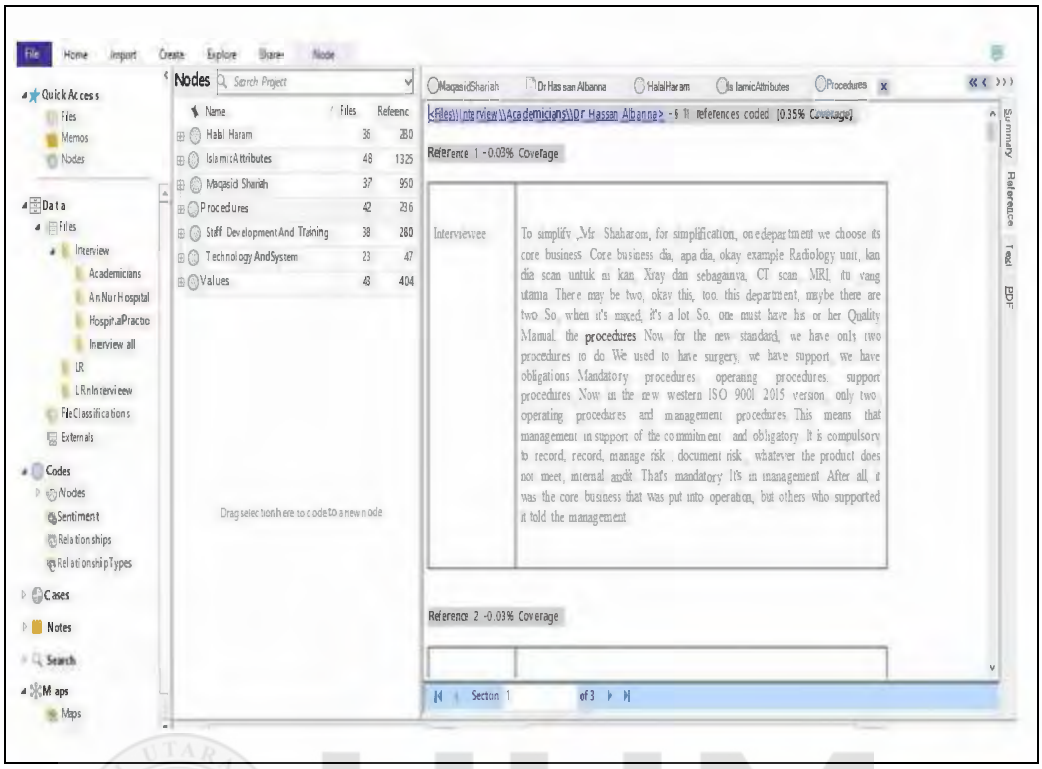


Figure 4.12
*Theme **Procedures** Reference from Dr. Hassan Al Banna*

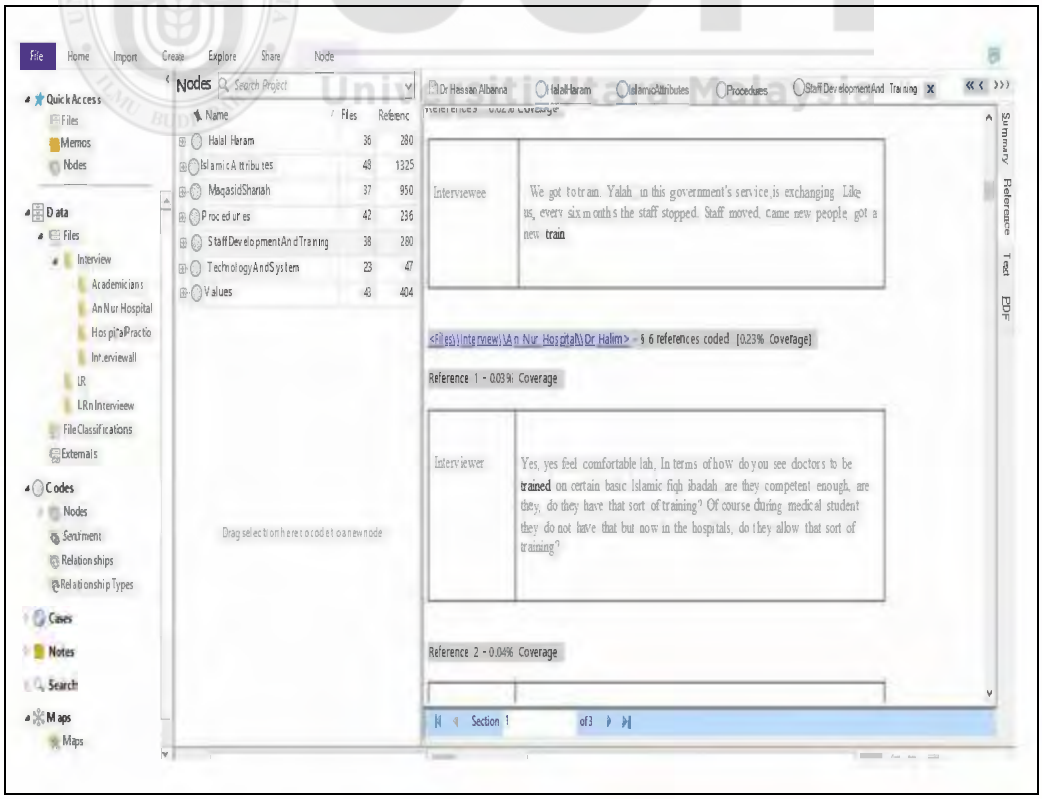


Figure 4.13
*Theme **Staff Development** and **Training** Reference to Dr. Halim*

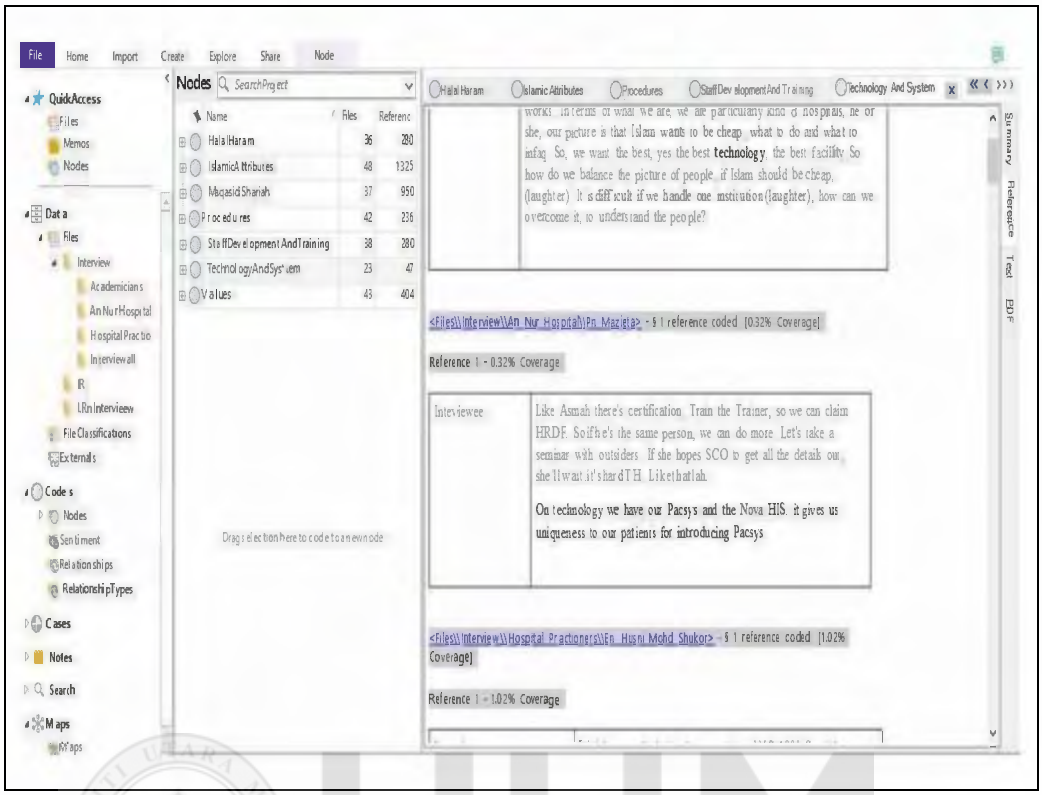


Figure 4.14
*Theme **Technology** Reference to Mrs. Mazieta*

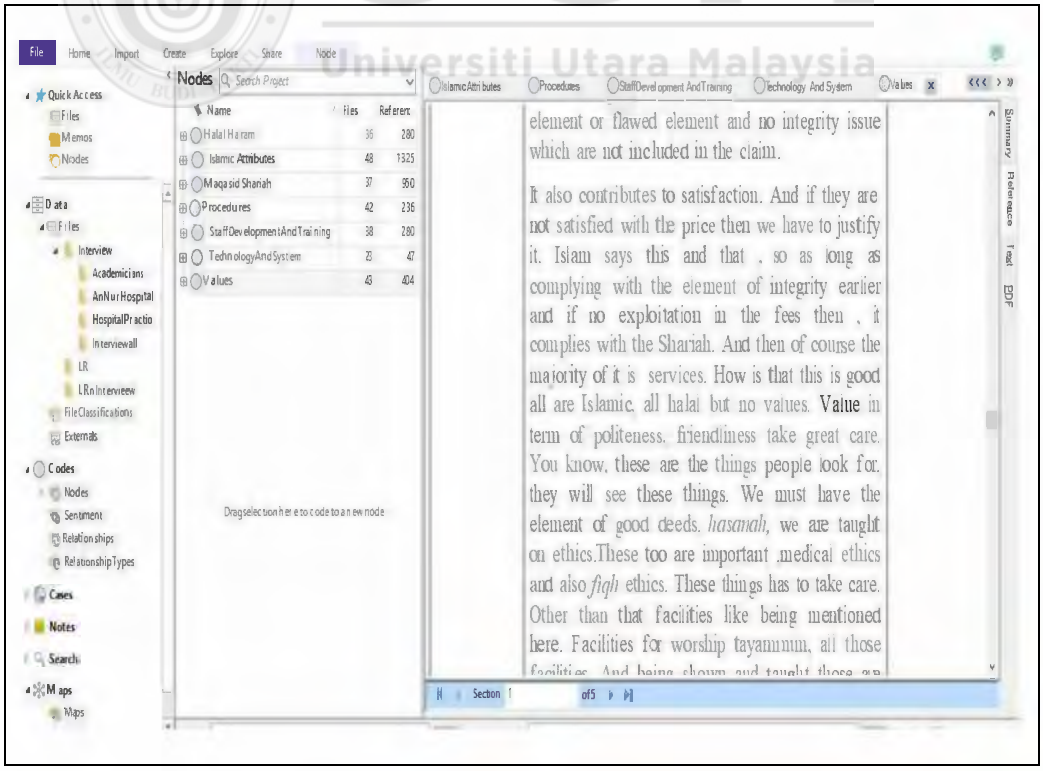


Figure 4.15
*Theme **Values** Reference to Dr. Sharifah Hayati*

4.7 Cognitive Mapping from Academics Literature and Interviewees

The cognitive mapping technique is used to explore relationships among themes by illustrations through visual presentation. The process can only be carried out with the development of the software tool. Besides the content analysis it provides, cognitive mapping is also available as illustrated in the following figures.

4.7.1 Academics Literature

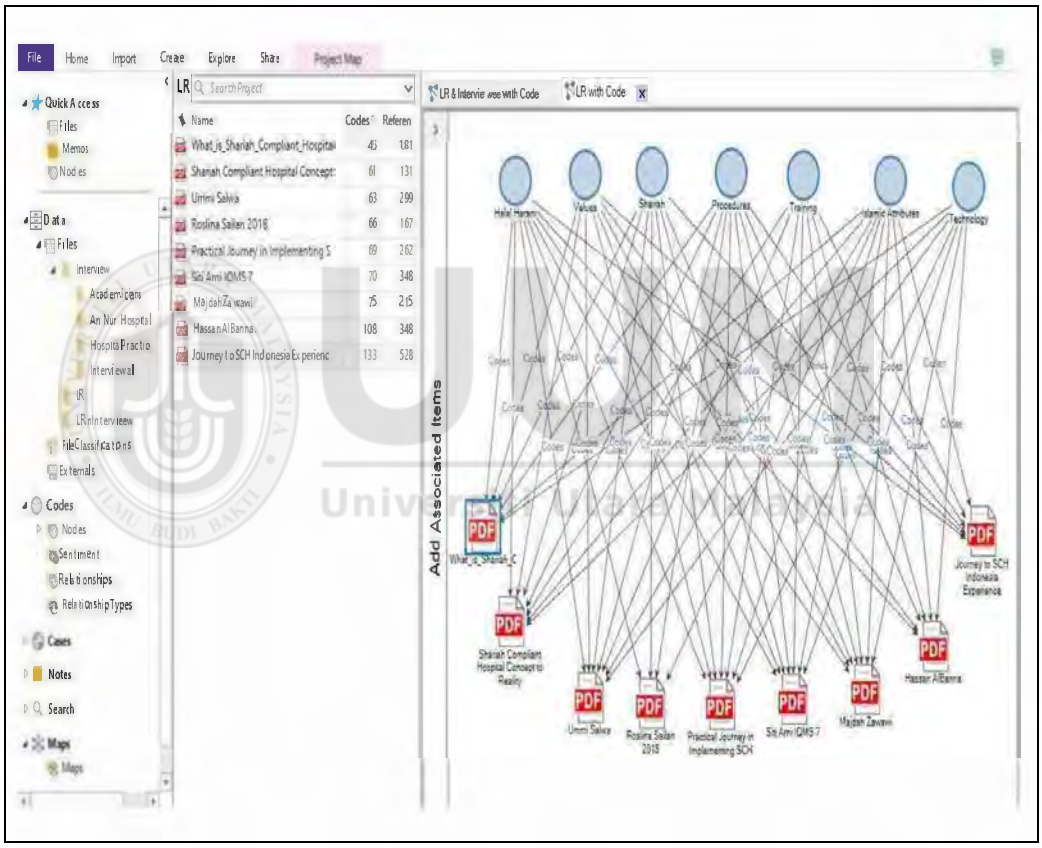


Figure 4.16
Academics Literature Document on Selected Themes

4.7.2 Interviewees

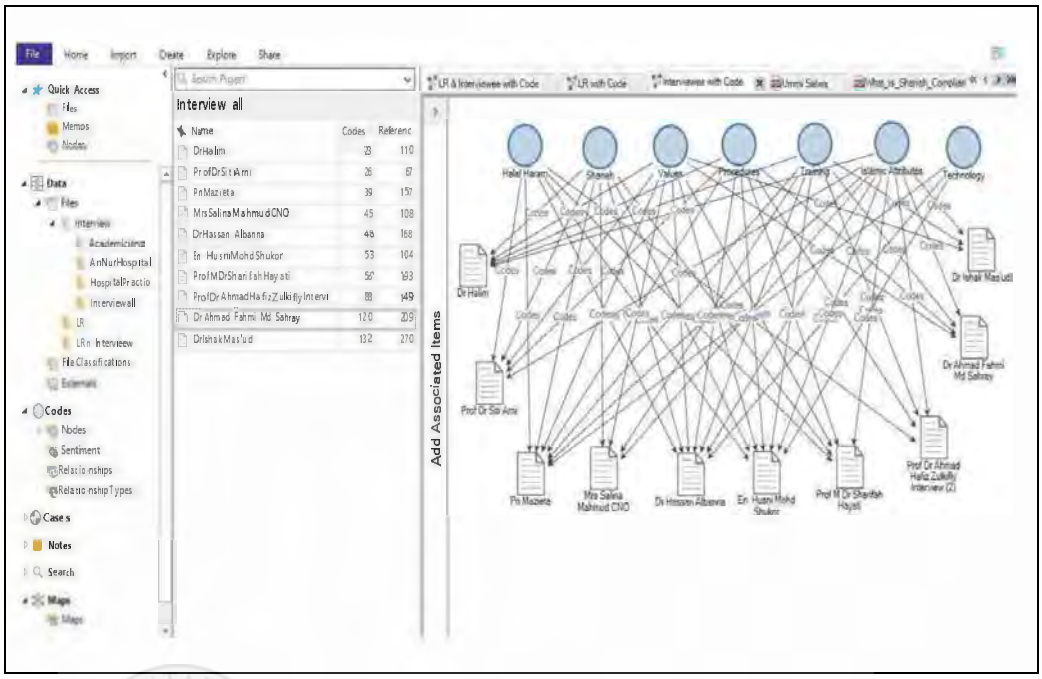


Figure 4.17
Interviewees with Themes Illustrating Cognitive Map

4.7.3 Combination of Academic Literature and Interviewees

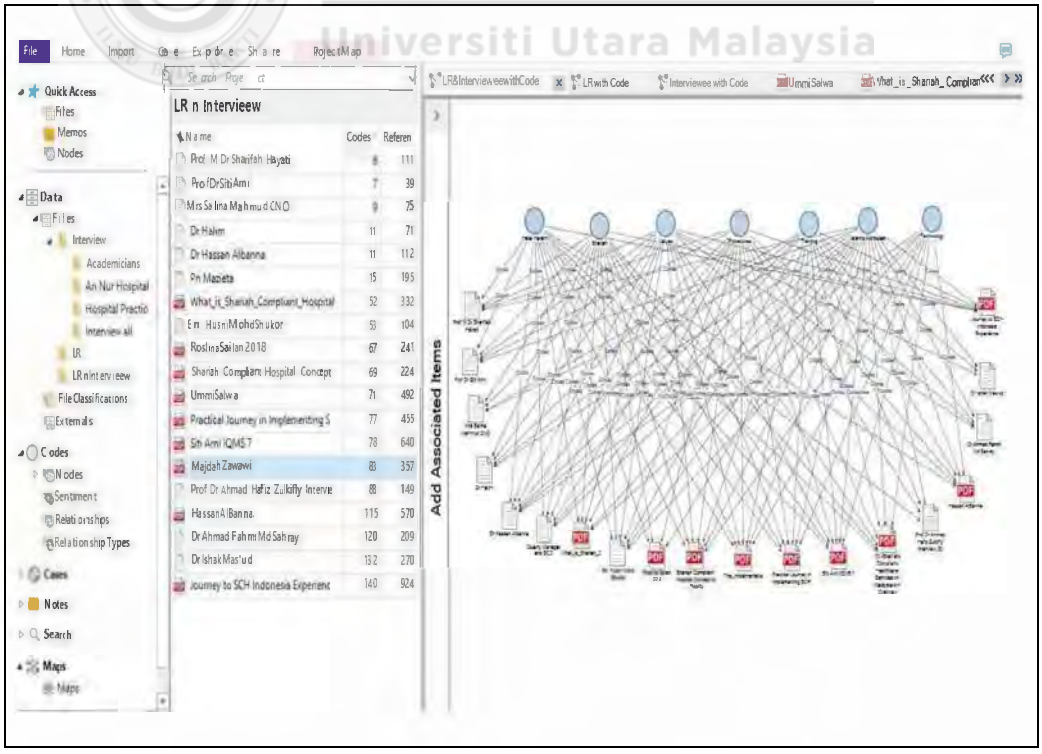


Figure 4.18
The Combination of Academics Literature and Interviewees

4.8 Findings

The content analysis process of coding and forming the themes were extensively carried out using software package NVivo™ Version 12 Plus. The software provides a tool for the analysis which would otherwise be very much highly manual intensive without the package. From the academic literature data and also transcripts from interviewees, codes were collected based on word frequency individually, and at a later stage were then combined. The combined content analysis provides a holistic perspective of the codes and then the themes were selected. To further emphasise, the strength of the themes triangulation process was carried out to illustrate the relationship among all the themes before developing the proposed framework. From these themes it can be concluded that the major components in developing the framework is achieved whilst there may be areas of minute detail that are needed to be worked out.

This chapter is going to discuss the findings with previous literature evidences, comparison, and significant differences. The discussion is going to be enlightened with the study's aims sequential. As for the current study, the study was investigated having the following objectives:

i. To examine the components and elements of SCH practices in Malaysia.
ii. To establish how MS 1900:2014 is being implemented for SCH.
iii. To determine the challenges and the factors in the successful implementation of SCH.
iv. To affirm the benefits of being SCH for a Healthcare service provider.
v. To develop the practical SCH Framework for Malaysia.

4.8.1 The Present Practices of *Shari'ah* Compliant Hospital in Malaysia

The initial journey for most Healthcare service provider that has inclination towards Islamic values started with the '*Ibadah* Friendly hospital, IFH. The concept was first introduced by University Science Malaysia Hospital, HUSM in 1st June 2004 (Wan Daud, 2017). The concept was also introduced at Al Islam Specialist Hospital in Kuala Lumpur, which started its operation in 1996. Al Islam launched the IFH in 2006 after 10 years of constant training and coaching to their staff (Al-Islam Specialist Hospital - Hospital Mesra Ibadah, 2018). The concept was slowly replaced by the introduction of MS 1900:2014 *Shari'ah* based Quality Management System (SBQMS), a more holistic and comprehensive quality management system to ensure sustainable performance of an organisation. This is supported by the paper presented by Datuk Dr. Khalid Ibrahim (Ibrahim, 2017) at the 4th National Convention for IFH which took place at Kota Bharu, Kelantan on 30th July 2017. In the paper entitled *Ibadah Friendly Hospital is a Platform towards Shari'ah Compliant Hospital,* it was proposed to the Ministry Of Health, MOH that IFH is the precursor towards SCH.

Presently the SCH practices are based on MS 1900:2014 which will soon be revised to MS 1900:2019 to be in line with ISO 9001:2015. Although there are numerous hospitals, public, and private hospitals practising IFH, the final move will be towards SCH (Wan Daud, 2017). After examining scenarios related to the implementation of Islamic values in the health industry in Malaysia, and the initiatives taken to support its development, it can be concluded that the IFH program being implemented in the MOH's health facilities is a significant and very timely development.

With a holistic and balanced approach to achieving this aspiration, the implementation of the IFH program has indirectly prepared health organisations to work on another step towards *Shari'ah* compliant concepts. Although these developments have not put the medical profession at the forefront, it has instead focus on delivering excellent health services for clients' satisfaction. Besides, it has achieved medical advances through adherence to Islamic values. This achievement is not something new but rather a revival effort to restore the glory of medicine which was culminated in the Islamic era of the 9^{th} and 16^{th} centuries. The value of Islam in medicine by Islamic scholars has led to a new concept of medicine that has been a guiding force for over 700 years.

In recent times, the term *Shari'ah* compliant has often widen the Islamic awareness to people regardless of race and religious background. It starts with a growing financial sphere with a shift of attention from *Shari'ah* compliant commodities to the aviation industry, which has also shown interest in coming up with the same label. This positive development was welcomed by the Department of Standards Malaysia with the continued involvement and cooperation of the Standard and Industrials Research Institute of Malaysia SIRIM certification, until the adoption of the Malaysian Standard based on the Islamic principles of MS 1900:2014.

Standard based on ISO 9001:2008 which has been updated with the values of Islamic law is the Quality System Certification Administration (Quality Management System). This standard which was first developed in 2005 at the discretion of the then Secretary-General of Malaysia, Tun Ahmad Sarji, was open to various business sectors regardless of the type, size or product. By establishing the objective of incorporating Islamic values into daily trading activities, this statute provides for *Shari'ah*

requirements in addition to ISO 9001 requirements to meet customer satisfaction, assurance of compliance, compliance with regulatory controls, and compliance with *Shari'ah* guidelines. The assurance of adherence to these aspects is fundamental to the implementation of the Islamic Value System as the basis for customer satisfaction and organisational achievement.

The medical world in Malaysia is also affected by this phenomenon when it comes to initiatives from several public and private health services sectors to apply the concept in providing health services until the use of the term SCH. Although provoking various interpretations, the essence of this branding is the meaning of a medical organisation that is certified by the *Shari'ah* compliant Standard of the accredited certification body. In its current context, SIRIM is the first such certification body in the world. The existence of such a standard is a systematic recognition of the influence of Islamic values in an administrative system.

These standards emphasize the implementation of several key components; understanding of fundamental principles of *Shari'ah*, *Halal* and *Haram*, *Fiqh Muamalat*, concepts of quality in Islam, basic Islamic values and measurement of organisational values based on *Shari'ah* guidelines, development, implementation, and measurement of key values of the organisation. In other words, the system will operate based on good values and strict adherence to the Islamic principles of *Halal* and *Haram* and *Muamalat'* principles. Any decisions and actions of the organisation are based on the objectives of *Shari'ah* or better known as the *Maqasid Shari'ah.* Although the organisation that has adopted the system is in principle governed by *Shari'ah*

principles, it is noteworthy that the paradigm brought by the management of an organisation certainly affects the implementation and delivery of services.

In the context of hospitals, this *Shari'ah* compliant certification will have an impact on the health management system, which will in turn affect the overall hospital service operations. Thus, the process of translating Islamic values into service processes inevitably requires a comprehensive approach. To date, two (2) medical institutions have successfully obtained the certification, namely the Armed Forces Hospital at Terendak Camp Melaka and the An-Nur Specialist Hospital (ANSH), Bandar Baru Bangi, Selangor. The Armed Forces Hospital at Terendak Camp Melaka did not continue with its certification after the first certification which expired three (3) years from the licensing date. However, ANSH continued and has entered into the second cycle of certification which will expire in April 2021. In term of the components and elements of SCH, from the word frequency and word count the major word related to *Shari'ah*.

4.8.2 Implementation of MS 1900:2014 as *Shari'ah* Compliant Hospital

The SCH can only be implemented after the hospital has received the licence to operate from the MOH. The SCH is another certification from SIRIM through MS 1900:2014. The process requires the health provider to follow the guidelines as outlined by MS 1900:2014. There are certain trainings and organisational structure to include *Shari'ah* panel advisory and also the engagement of *Shari'ah* compliant executive. The SOP has to include *Shari'ah* Critical Control Points (SCCP) to ensure risk mitigations for *Shari'ah* matters to be observed strictly. After fulfilment of MS 1900:2014 only then can the health provider be a SCH (Shariff et al., 2018b).

The commitment of all stakeholders in the implementation of the SCH program at their health facility is very much required. It caters to clients' demands for a holistic and comprehensive medical approach as well as a catalyst for medical advancement without compromising on moral and integrity principles. This concept is fundamental to *Shari'ah* compliance in the health field which, in turn, impacts the goals of meeting the needs of the patient while supporting the sustainability of the development of the health field itself. The willingness to restore Islam to its high status is commendable. All the sincere efforts and sacrifices that were rendered for this purpose will receive the best reward of Allah Almighty. Basir and Azmi (2011) explained that the process of MS 1900 implementation can be executed by integrating five (5) steps in the ISO 9001 implementation process with the *Shari'ah* elements embedded in MS 1900 requirements. The five (5) steps are as follows:

4.8.2.1 The Basic Understanding of the MS 1900 before Implementation

The understanding of MS 1900 must be ensured prior to its implementation. Therefore, the importance of training concerning MS 1900 must be emphasized. Sufficient training to all top managers, middle managers and employees who are working for the organisation must be given, especially on the understanding of the principles of *Halal* and non-*Halal* aspects of processes, products, and services (Basir & Azmi, 2011).

4.8.2.2 Documentation Preparation

The managers should identify the procedures that require *Shari'ah* compliance in the SOPs manuals as stated in the MS 1900 requirements. Nevertheless, the placement and storage of documents that contain Quranic elements must be observed (Basir & Azmi, 2011).

4.8.2.3 Management Commitment

As stated in MS 1900 document, the management should consider the *Shari'ah* requirements in human resource management, financial management, procurement procedures, production and marketing, and all other related departments. The management has the commitment to ensure that organisations are not engaged in financial transactions that are prohibited in Islam. Hence, those financial transactions that involve *Riba* (Interest) are prohibited (Basir & Azmi, 2011).

4.8.2.4 Quality Policy of the Organisation

The management should ensure that the quality policy outlined is *Shari'ah* compliant. Hence, any quality policy that is not *Shari'ah* compliant should be avoided and not be encouraged. The quality policy formulated should be vigilantly crafted to ensure that it complies with *Shari'ah* principles (Basir & Azmi, 2011).

4.8.2.5 Performance Review and Auditing

Continuous compliance monitoring by the managers should be carried out to ensure all processes, products, and services offered by the organisation are *Shari'ah* compliant, as stated in MS 1900 requirements. Appropriate data collected should be analysed by the managers to demonstrate the *Shari'ah* compliance of the QMS and to evaluate continual improvement of the effectiveness of the system (Basir & Azmi, 2011).

4.8.3 Challenges Faced and Factors in the Successful Implementation of SCH

An-Nur has paved the way for a model to be emulated as example in the industry since it has gone into the 2nd cycle. The achievement of ANSH in terms of third party awards

received from Small and Medium Enterprise SME Corporation and the Malaysia Entrepreneur Foundation is a testimonial that ANSH is SCH. The challenges faced by ANSH and other IFHs are part of the study as knowledge and lessons for others to comprehend in their preparation in subscribing to SCH. The major factors in the successful implementation are outlined in the interviews.

4.8.3.1 Staff Engagement

Staff especially nurses who are willing to be trained in *Shari'ah* practices in addition to their normal clinical training requirements. As mentioned by Dr. Ishak Masud, the burden rest on the staff to understand besides being trained on clinical matters and they need to understand *Shari'ah* items to teach the patients rituals related to daily '*Ibadah* when they are in the hospital.

"Other problem are the staff because if you look at them many of them, they are not exposed to Islamic culture. They are not Islamically orientated, understand Islam as a way of life, so we need to train and mould them, make them understand and that is why one of the challenges, many of them will leave the place not only they have to work here they have to take part in the activities in line with the our activities. Some of them are not used to it. They don't understand the importance, it is a burden whereas in actual fact it is good for them. Something that our culture we work for the sake of getting the money but we want to change part of 'Ibadah the culture for our Amal for everybody" (Shariff et al., 2018a).

As explained by CNO at An-Nur, Ms. Salina Mahmud, since previously, when the patients were admitted in An-Nur, there was nobody to remind them about *Solat*

(Prayer) but now they have seen that there were initiatives by the hospital even though they have implemented the *Shari'ah*, and these initiatives had been done by the nursing team. The nurses are presently asking to ensure that the patients have to perform the *Solat* accordingly. And also to introduce, and to offer the contact number and name of the *Sharia'ah* compliant officer; if they see the patients' needs to see the *Shari'ah* Compliant Officer (SCO).

4.8.3.2 Funding

Fund for the training and also for the certification of annual surveillance audit by SIRIM. The organisation has to set up an internal audit team to carry out internal audit before the actual audit to be carried out by the external auditors. This requires a team of staff to be trained by SIRIM as internal auditors and it could be a burden for SME companies where the number of staff is limited, hence staff has to be multitasking. Besides, fees for the auditing for annual surveillance audit may not be affordable to some companies. These are the challenges faced for sustainability of the certification.

4.8.3.3 Right Specialists who subscribed to *Shari'ah* Compliance

Recruiting the right or suitable specialist to serve the hospital is another challenge faced by SCH. The specialists with the right mind-set as required by SCH are willing to sacrifice for the needy especially. As mentioned by Dr. Ishak Masud in his early set up of al Islam, to have doctors who share the same work life, the same thought, same mind-set, same *Fikrah* , the same aim, same vision, and mission it is not easy because after they become doctors after 5 or 6 years, their idealism will change towards idealism for money. Our program of *Usrah* on regular basis has helped a lot in reminding each other. We have a program together to make sure the *Sillaratulrahim*

(Friendship) is good, of course. And we still have a lot of room for improvement, but at least we can work together, we can talk to each other, you may have different opinion but that should not be the obstacle to our bigger mission in life.

In terms of An-Nur, similar experiences were faced in the initial stage when the hospital had 30 beds only. It was able to handle the shortcomings since the number was small but as the hospital moved to the new premises with 100 beds, the shortage in clinical staff and specialists is also a challenge.

4.8.3.4 Shortage of *Shari'ah* Compliant Executives

Another challenge faced is the shortage of *Shari'ah* Compliant Executives, SCE who are willing to engage in the Healthcare industry. Many of these SCE find it difficult to understand the operation of Healthcare industry. They need to further master the *Fiqh* medic requirements which may not be their scope of earlier studies in the university. Further they need to train the clinical staff to demonstrate to the patients. The prospect for career advancement is limited since there are only few hospitals that are practising IFH or SCH. The major factors as outlined in the interviews were as per Table 4.3.

Table 4.3
Factors for Successful Implementation of MS 1900

1. Leadership	The management must understand and master the MS 1900 in advance before putting the expectations of all staff can understand it . By then , the program or workshop understanding of MS 1900 for the management of the organisation should have conducted. .
2. Management Commitment	Commitment from all the supervisors should be obtained primarily from the aspect of the approval of sufficient alloation of resources for the implementation of MS 1900 so that it can run without any disruption . In addition, the staff involved must be allocated sufficient resources and infrastructure to ensure quality programs can be carried out with effectively.
3. Organisational Culture	Leadership should adopt an open communication, tolerant and willing to accept the opinions of various parties to ensure the implementation of the MS 1900 can be accomplished effectively
4. Communication	Parties that are appointed to perform monitoring continuously and make periodic assessments for execution of the quality activities are communicated to all parties, for example, make an assessment of the results of the audit of internal or external. This will ensure continuous improvement can be established.
5. Staff Participation	Staff that are involved in the management system of quality MS 1900 shall be given awards and recognition in the form of financial and non- financial in order that they are always motivated to perform given tasks.
6. Prayer and Tawakkal	Do not underestimate the power of Doa. The efforts come from the staff in the organisation but the success is from the Creator.

These six (6) ingredients which contributed to the successful implementation are discerned in their staff daily activities and handling of patients.

4.8.4 The Benefits of *Shari'ah* Compliant Hospital

4.8.4.1 Transformation of Staff to Organisational Culture

It is important to take advantage at the recruitment stage that the staff are being informed of the mission and vision of the SCH. Any deviation from its vision and mission may not be suitable for the new staff. Before the certification of MS 1900:2014, the organisation may experience varieties of staff culture coming from

diverse background since the recruitment may sometimes be due to urgency of the staff fulfilment under *Cawangan Kawalan Amalan Perubatan Swasta* (CKAPS) compliance. CKAPS requires a certain bed to staff ratio for any tertiary hospital. Depending on the units and wards the ratio for Intensive Care Unit (ICU) for example, is one to one whereas for the wards it may reach for every one bed, there should be four clinical nurses. Hence the demand for staff recruitment is quite critical to comply with the ratio. Initially there are not much choice when the hospital is in need of qualified clinical staff to comply with CKAPS requirement. However, the follow up to transform will proceed after the registration is completed and trainings were carried out for SCH. As mentioned by An-Nur CNO Ms. Salina;

"Shari'ah training almost completed, that was reported from HR department. The training was named Shari'ah Driven Service Excellence, (SDSE) training how they see the patient and, then greet the patient and then, educate the patient, recite the Du'a. Certain Du'a that is relevant to the patient during the hospitalisation. We received the feedback, customer feedback, where in nursing services, we noticed there is improvement in percentage as compared to the previous before the training was being developed. Previously it was 80% till 83%, but now it has moved to above 85%. Especially under nursing care, I think overall it is above 85%".

The above case indicates that the organisation has an obligation to train their staff although initially they were from diverse background. With proper training, the organisation has the opportunity to transform the organisational values and cultures by introducing SCH.

4.8.4.2 Fair Prices to Patients

One of the major factor of establishing SCH is to save the practices free from fraud (Auda, 2010). Since Islam ensures justice and free from fraud, patients receive fair prices and medical practitioners are being made aware if any of their charges are beyond normal. Their practices are observed through a *Shari'ah* Committee at hospital level and any misalignment is referred to the *Shari'ah* Advisory panel. There is also the provision from *Dana Rahmah*. For patients who are less affordable to continue with the medication or treatment, *Dana Rahmah* provides a means to continue treatment with minimum charges through *Dana Rahmah*. At An-Nur, *Dana Rahmah* was established to provide the facilities for the needy especially those in the B40 and *Asnaf* categories. An-Nur has collaborated with the National Welfare Foundation (*Yayasan Kebajikan Negara*), a government agency which allows donors to receive tax relief when they contribute to this fund. Through this *Medik An-Nur* fund, patients may apply for subsidy of medical treatment. In this way the benefits are extended to the needy.

4.8.4.3 Philosophical and Operational Quality Issues

In a hospital setting, a series of urgent issues have to be resolved every day. There are issues that management has to deal and the hospital's services have to adapt constantly with the evolving customer needs. The hospital is forced to deal with important issues by the MS 1900 process.

An example, such as documentation management issues or the setting up of a real management system for key equipment maintenance, which are often considered very basic issues, will get low priority and moved to the bottom of the pile. This is

considered important but not urgent and can be done tomorrow. Hence sometimes the issues are lost in the pile. The implementation of MS 1900 process forces the hospital to take serious action on those matters.

4.8.4.4 New Legislation will be implemented as per Standard Requirement

Part of the certification audit is to meet any new legislation requirements and the on-going internal audits will have to check for those issues. New legislation is published and often takes quite a while before the hospital checks its application. The Malaysia Standard (MS) certification provides extra care and incentives to be up to date with new legislation requirements before the annual surveillance audit.

4.8.4.5 Traceability to Equipment and Facilities

Issues like whether or not equipment was checked, by when, and by whom can be traced. Similarly, a patient who has an infection or how sterilisation is proven that has nothing to do with it, is related to traceability. A process has to be monitored once it is in the SOPs. Everything that has been sterilised is traceable to the batch with batch number in which it was sterilised. The date and time are stamped for traceability under whose responsibility it was done. If the power supply breakdown occurs in a hospital, as an example, with several deaths possibly linked to it, the chances of avoiding such problems are through checking procedures and preventive maintenance.

The break down simulations can be regularly checked and monitored by having MS 1900 through SOPs. It will allow the maintenance team to demonstrate when the checks were done, according to which standard, and which procedure. All the works which are under supervision of MS 1900 requires the organisation to document all

maintenance works so as to ensure that the breakdown is reduced or minimised and that it had nothing to do with lack of prevention.

4.8.4.6 Company-Wide Feeling of Motivation and Pride

This MS 1900 implementation brings a feeling of teamwork and partnership by working together to achieve the certification. After the implementation of the project, ANSH received many visitors who came to study and learn how ANSH has prepared for the certification. The participation by the whole organisation has created company-wide motivation and the feeling of pride when the certification was achieved.

It has also provided wide public awareness that ANSH has the MS 1900 certification to be named as a SCH. Every staff member is made aware during audit surveillance and he or she is able to explain to the public when they want to know about MS 1900. MS 1900 being fairly new in the health-care field, adds to the challenge and henceforth to the pride and motivation of the staff company-wide.

4.8.4.7 Sustainable Quality is a Commitment

MS 1900 is a company-wideparticipation and each organisation can define each staff's participation. However, depending on the scope that one defines, it will cover the whole hospital operation where not just one aspect of the operation is examined. It provides reminders that if it is not done this could be one of the things that could be overlooked, otherwise. Every hospital can be proud of providing exceptional services not just to a particular patient but to all hospital patients, rendering similar quality services throughout the hospital. But quality is not about being able to provide care occasionally, not consistent or at other occasion its failure to meet customers'

expectations. It is about providing successful patient care, security and customers' satisfaction on a permanent and consistent basis to all. The MS 1900 quality depends on the management system by all, rather than on transitory and on individuals.

4.8.4.8 Staff Career Pathway and Training

The MS 1900 allowsfor facilitation of training to all new staff members with the MS 1900 documentation as a basis to facilitate all new employees to be familiar with the SOPs and processes which need their contribution in the operation of the whole hospital. This will provide each staff member to have a more global understanding of their contribution through flow-charting activities that will allow all staff to comprehend better what comes before and after their specific tasks. Further, it requires them to identify whom to interact with upstream to register their needs and whom to meet downstream. In this way it allows them to check what can be further improved to reduce the number of processes that will be documented in the SOPs. In this way each staff member is provided with a comprehensive understanding of the hospital's operations. The documentation provides transparency to allow staff from every department to understand how processes function other than their own. This is the prerequisite to any suggestion to improve the other processes.

When every staff understands their activities, their objectives and have a global understanding of the hospital's vision, mission, and operations then they will start proposing improvement suggestions and automatically become partners towards total quality management system. This can only happen if the corporate culture is based on quality driven principle. Ultimately, the end result is that quality does indeed improve. This is a sound basis for a guided milestone towards total quality management system.

The public and patients have few methods in assessing how quality is viewed and evaluated in the hospital. They want to ensure that the hospitals they choose, or hospitals which they are sent to, are truly engaged in ensuring up-to-date quality and security standards.

4.8.4.9 Blessing from the Creator for following *Shari'ah*

In Surah al 'Araf verse 96 it is stated that;

"If the people of the towns had but believed and feared Allah, We should indeed have opened out to them (All kinds of) blessings from heaven and earth, but they rejected (the truth) and We brought them to book for their misdeeds ".

The promise by Allah in this verse is that for those people of an organisation, believe in Allah and fear Him, then they deserve upon them blessing from the Lord. This is an incentive bestowed upon the organisation and the staff, blessing from the Creator if they always observe the *Shari'ah* teachings in their organisation.

In Surah Ghafir verse 40;

"...and he that works a righteous deed whether man or woman and is a Believer such will enter the Garden of Bliss. Therein will they have abundance without measure".

In this verse, Allah's promise to those who do good deeds and is a believer will enter paradise, is the ultimate goal for all Muslims to earn a place in paradise. Hence the implementation of SCH to provide opportunity for all Muslim in the hospital, to ultimately enter paradise.

4.8.5 Developing the *Shari'ah* Compliant Hospital Framework in Malaysia

The study involves in understanding how SCH is achieved and how it is implemented in Malaysia. The main issue to most health providers is not knowing how to proceed with the standards since there are no guidelines in terms of what is SCCP and how to go about starting the documentation.

The sample given through courtesy of ANSH has provided a simpler methodology and documentations of SCCP. There are Healthcare providers which have yet to compile documentations to file for SCH after more than three years. The main factor is due to the lack of strong teamwork with clear objective to achieve the SCH, especially for public hospitals.

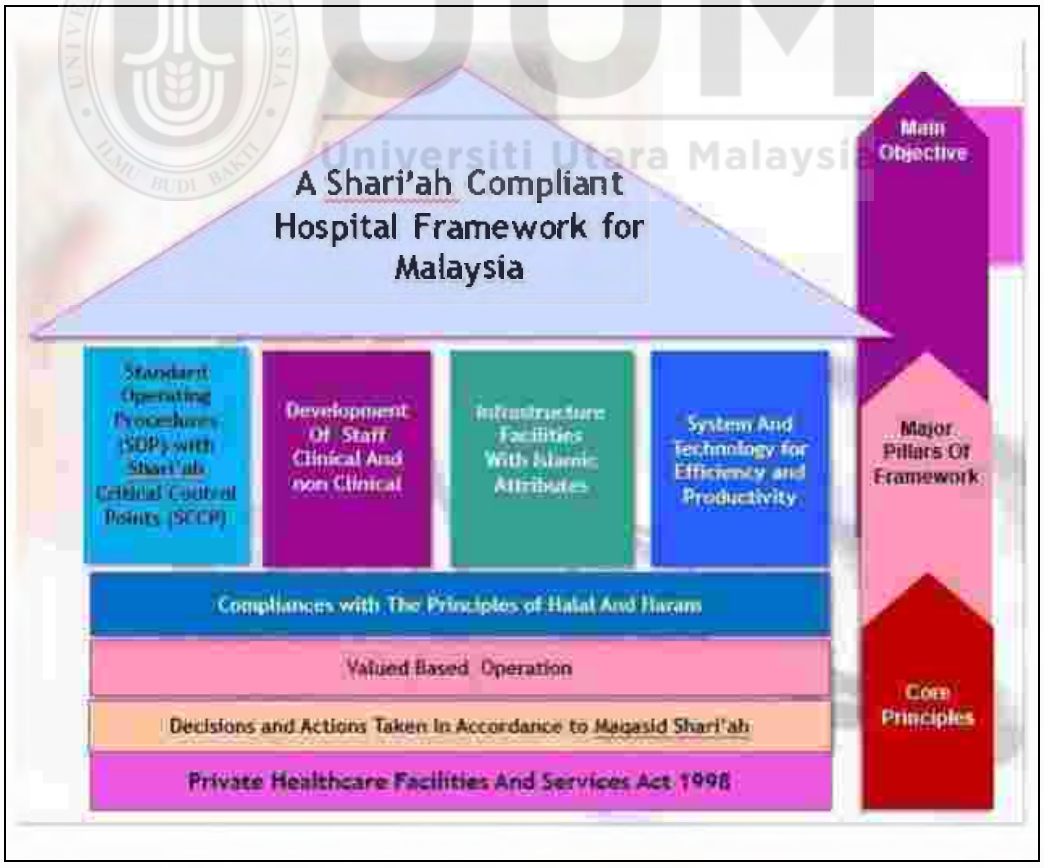


Figure 4.19
The Proposed SCH Framework for Malaysia based on MS 1900:2014

The proposed framework is very much based on MS 1900:2014 SBQMS designed for the Healthcare industry in general, nevertheless it can also be utilised for other industries. Since Healthcare industry is highly regulated and more stringent in observing standards and ethics, other industries would be much easier to proceed with the guidelines.

The major contribution is to create the awareness of Islamic Healthcare requirements which can contribute benefits to the Healthcare industry. The proposed SCH framework is applicable in Malaysia and other organisations may emulate the same with the current Quality Management System practised in the respective countries since the foundation of MS 1900 is ISO 9001:2008. MS 1900:2014 will be revised to MS 1900:2020 as per ISO 9001:2015 which includes Risk management. The researcher has been a member of the working group in reviewing the revised version of MS 1900:2019. In MS 1900, the risk management has been embedded through what is known as SCCPs.

The other contribution will be for others to make the study as the reference for future researchers in SCH since there are limited literatures in this area. Although there are now written literatures in MS 1900:2014, literatures on Healthcare specifically on SCH is still small in numbers. It is with great hope that the study will provide impetus for other Healthcare provider to come to term on proceeding from IFH to SCH as mentioned by Dr. Khalid Ibrahim (Ibrahim, 2017) since IFH is a precursor to SCH. The results from the content analysis were categorised as per the aims of research effort. Many themes which emerged during analysis have previously been described in detail. This discussion is going to appear with the same categories as were managed

in the results chapter. The explanations of each component of the framework are as follows:

4.8.5.1 Core Principles

The core principles of the framework remain the four (4) major items. These four (4) major items will be the impetus for the other pillars since they form the base for the other four (4) pillars. The first is the Private Healthcare Facilities and Services Act 1998. For the private hospital to operate, the guidelines in the Act has to be strictly adhered to. The Private Medical Practices Control Division, CKAPS will only issue the licence if all the guidelines are met. The guidelines in the Act is very comprehensive with specific measurements to all the rooms to house the medical equipment, operating theatre, Central Sterile Supply Department (CSSD), and also the rooms for patients. The Ministry of Health has issued a handbook to provide private sectors on the procedure in setting up private hospitals. The handbook issued in July 2019 is very helpful in trying to clear the vague areas that has always plaque private practices in managing with the authorities.

4.8.5.2 Private Healthcare Facilities and Services Act 1998

The Act is for the regulation and control of private health care facilities and services and other health related facilities and services related to it (Yadav, 2007). The main purposes are to:

1. Ensure the standard of Healthcare facilities and services.
2. Ensure the integrity of health care professions (medical, nursing, allied health, etc.).
3. Ensure professionalism in all professions.

4. Ensure the quality of health care facility and service e.g. quality assurance, mortality review etc.
5. Provision of social interest (public).

The Act defines a private hospital as any premises, other than a Government hospital or institution, used or intended to be used for the reception, lodging, treatment and care of persons who require medical treatment or suffer from any disease or who require dental treatment that requires hospitalisation (Private Healthcare Facilities and Services Act 1998, 1998). Any operator who operates a private hospital must comply with the Act before a licence is issued to the operator by the Director General of Health, Malaysia. The process of setting up a private hospital and obtaining the licence is given in the handbook issued by the Ministry of Health, MOH. There are eight (8) processes for a company to comply with before a licence is issued.

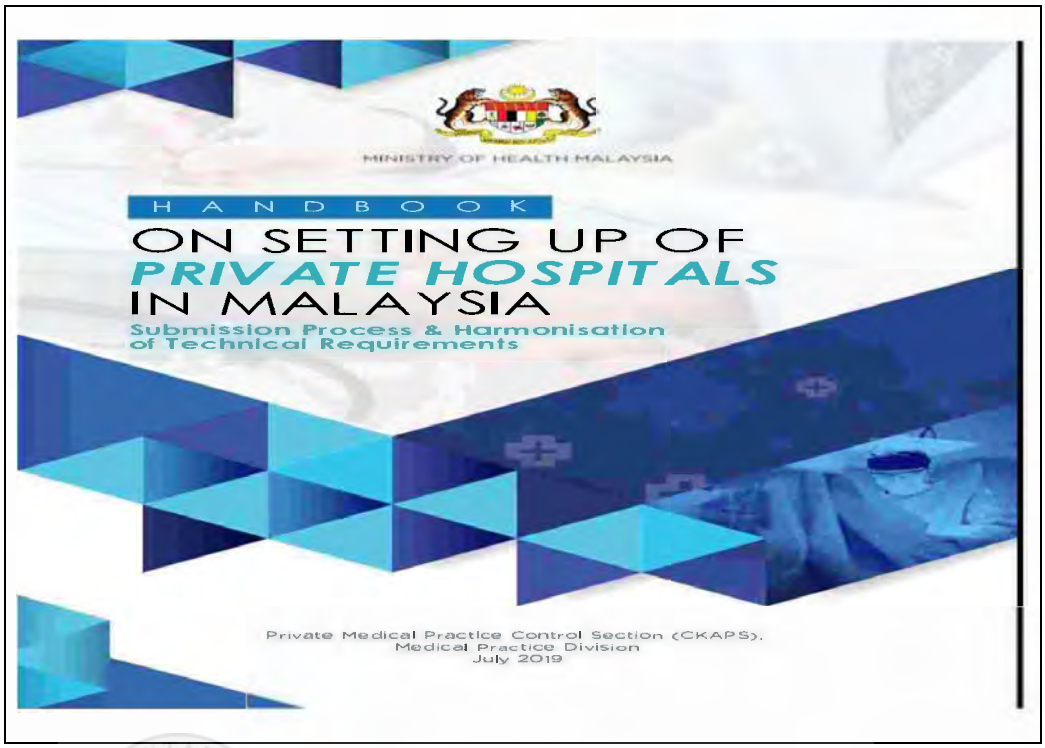


Figure 4.20
Handbook issued by MOH for setting up Private Hospitals
Source: Ministry of Health Malaysia, 2020

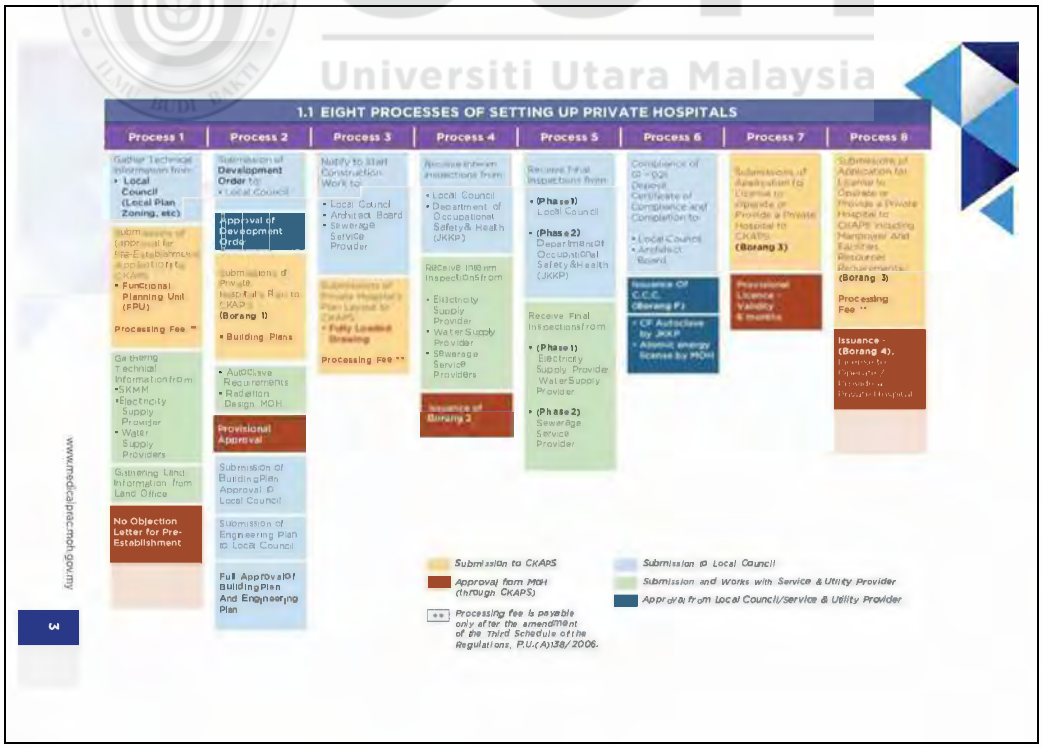


Figure 4.21
The Eight (8) Processes of Setting up a Private Hospital
Source: Ministry of Health Malaysia, 2020

4.8.5.3 Compliances with the Principles of *Halal* and *Haram*

The Holy Qur'an provides a clear perspective where, everything is *Halal* and permissible unless it is explicitly mentioned as Haram. In determining *Halal* and *Haram*, basically it has been summarized with certain criteria such as *Tayyib* (Clean), not *Khabis* (Dirty), and to be reasonable, measurable with clear objectives of no harm to environment, human and other creatures. *Halal* activities and objects are clearly mentioned in the Quranic verses. The *Haram* materials and affairs are restricted to certain instances, such as: 1. Dead Bodies, 2. Blood, 3. Wine, 4. Dog, 5. Pig, 6. Possession of other people's properties without permission, and 7. Foods offered by tyrant rulers.

In the Qur'an Surah al Baqarah verse 173;

"He has forbidden you only dead animals, and blood, and the flesh of swine, and that which is slaughtered as a sacrifice for others than Allah. But if one is forced by necessity without wilful disobedience nor transgressing due to limits then there is no sin on him. Truly Allah is Oft-Forgiving, Most Merciful"

Therefore, it is discouraged by the Qur'an to prohibit of what Allah has blessed to humankind before one determines that as *haram,* for as clearly stated in the following verse from Surah al Maidah verse 87;

"O you who have believed, do not prohibit the good things which Allah has made lawful to you and do not transgress. Indeed, Allah does not like transgressors"

Any management program, products or services that contradict with the principles of *Halal* and *Haram* should not be introduced. *Haram* is derived from an Arabic term, *Haruma*, which means unlawful or illegal. It is prohibited for Muslims to consume products, services, and food that are considered haram in Islam. *Halal* is derived from an Arabic term, *Halla*, which means permissible, i.e. products, services, and food that can be consumed by Muslims. *Halal* and *Haram* are clearly explained in the Qur'an, Hadith and, *Ijtihad* by Muslim scholars (Standard, 2014).

However, the compliance will not be applicable to organisations with any one of the activities listed below:

a) Sale or manufacture of non-halal products or related products, example liquor and pork.
b) Financial services based on *Riba'* (Interest).
c) Gambling and gaming.
d) Conventional insurance.
e) Pornography.
f) Entertainment activities that are non-permissible according to *Shari'ah*.
g) Stockbroking or share trading in *Shari'ah* non-compliant securities/ companies.
h) Other activities deemed *Haram* or prohibited according to *Shari'ah*.

From the perspective of science and religion, the concept of *Halal* is a very important item that encompasses many other aspects such as ethical values, cleanliness, and food safety not only in the Islamic world but also in other societies. *Halal,* conceptually means permitted and opposite to *Haram* which means forbidden. *Halal* is permissible

and legitimate and is not in contrary to the Islamic principles. Everything is permissible or *Halal* unless it is explicitly determined to be *Haram* from the perspective of the Qur'an. Genetic engineering is considered as a tool for production of food, medicine, and industrial products and services for human welfare. The major concerns raised are about the safety of these activities to humankind as well as their conformity with *Shari'ah.*

The basic principles for *Halal* products are:

1. The Qur'an and Hadith dictate whether products are *Halal* or *Haram* that is a function of being lawful or unlawful.
2. The products are *Halal* or *Haram* depends on whether they are beneficial or harmful, to humankind respectively.
3. In the context of the above concepts, assigned orders in *Shari'ah* are both fixed and variable rules based on the state of subjects on specific times and places.
4. Orders in *Shari'ah* are ranked based on the degree of being beneficial or harmful while the best choice is preferred whenever it is necessary.
5. Some controls and governing regulations such as *La Zirar* (No harm to human), *Haraj* (The existence of serious threat and/or constraints), and urgency rules occasionally disapprove the orders.

4.8.5.4 Operation Based on Value System

The highest priority in Islam is given to components of morality and value systems. The principle is how organisations incorporate Islamic values in their organisational management for day to day activities. Basically, *Tawhid* forms the foundation of

morality and values. Hence, humankind's behaviour is aligned with the guidance of Allah SWT. Any behaviour that contradicts with the guidance is prohibited and outlawed.

In acquiring MS 1900 certification, the organisation must ensure that the values practiced in the organisation do not contradict with Islamic values. Organisational values such as greed, exploitation, practice corruption, selfishness, non-transparency, and slander must be eliminated, since these values will have detrimental effect on any organisation. However, organisational values which are aligned to Islamic values such as teamwork, transparency, honesty, striving for excellence, fairness, and tolerance must be promoted and cultivated. One should note that Islamic values refer to universally recognized and positive values which can have a positive impact on organisational performance.

4.8.5.5 Decisions based on *Maqasid Shari'ah*

It is important how an organisation manages to produce products and services that are in line with the objectives of *Shari'ah*. This is to guarantee a sanctuary for humankind. No decision made by the organisation should contradict with MS. MS means way of life, as provided by Allah SWT. The objective is to preserve humankind's sanctuary. According to al-Zuhayli (1995), there are five (5) *Shari'ah* obligations with regard to human being: 1. Preservation of Faith 2. Preservation of Life 3. Preservation of Intellect 4. Preservation of Progeny 5. Preservation of Wealth.

Any organisation that aims to acquire MS 1900 certification will need to ensure that any decision taken must be in accordance with *Maqasid Shari'ah*. If a decision taken

by managers could harm the Muslim faith, for example, then the organisation is not qualified to obtain the MS 1900 certification.

4.8.5.6 Major Pillars of Framework

The themes proposed are as follows:

4.8.5.7 Standard Operating Procedures with SCCP

In a hospital, the SOPs or work processes proceed from the minute the patient registers and until the patient is discharged from the hospital. The processes will touch many areas right from the receptionist, laboratory staff, physician, operation theatre, wards, nurses, pharmacy, canteen, and others. For SCH, the work processes should observe the *Shari'ah* principles.

The documentation for all the SOPs are shown in Figure 2.4 and Figure 2.5. The common documents are those related to Work Ethics, Medical Practitioners Ethics, Medical *Fiqh,* and Patients Care Ethics. For the Core Processes, the Clinical related *Shari'ah* issues are in the Nursing department, Pharmacy, and those shown in Figure 2.4. The Support Services related to *Shari'ah* issues are Accounts & Finance, Human resources, and others as in Figure 2.5. Only those related to *Shari'ah* issues are being registered in the SCCPs. The preparation of these documents is critical before any training can be carried out.

The first encounter for a patient is the receptionist whose responsibility is to register the patient. The receptionist will then set an appointment with the physician. The front liners ways of interaction will reflect the image of the hospital. Greeting with

politeness and the manner in which they wear hospital attires which cover their *Aurat* reflect the *Shari'ah* principles. There should not be any biasness based on the patients' background based on either their religion or social status. However, due priority is given to emergency cases or senior citizen which require due care due to their old age. The normal queue system is applicable to others.

In terms of attending to patient, if the physician is of a different gender from the patient, the SCCPs requires a chaperone (normally nurses on duty) to accompany the patients. This is to avoid any misunderstanding or slanderous accusation towards the physician. Similarly in other situation when attending to patients, strict observance of the SCCP requirements is of paramount importance especially for gender segregation whenever the opportunity arises; an example is at the physiotherapy department where often physical touching may be required. This information are described in the SOP.

In terms of physician's prescription, the pharmacy will prepare the medicine from the halal medication list. If there is no other option, the patients will be informed of the non-halal medication and this will allow the patients to decide. However, the physician will inform the severity of the illness if they do not want to consume the medication. The choice still rest on the patients. In term of *Shari'ah* principle, it can be consumed when *Ruskhsah* for the reason that there is no alternative. Sadeeqa, Sarriff, Masood, Farooqi and Atif (2013) mentioned that hospitals will involve the patient when making treatment decisions, since for medical treatment, patients have the right to make decisions. There are clear instructions to physicians and surgeons that a consent letter must be signed off before any major decisions are made.

Some spiritual elements are also practiced in the work process. For examples, the *Doa* recitation every morning before proceeding to normal duty and the call for Prayer *(Azan)* at every prayer time announced at the public address system. In the operation theatre room, the surgeon will begin with *Doa* (Prayer), supplicating for success of the operation. The prayer requests the ease for the patients' healing process. There is also the *'Ibadah* booklet and kit for inpatients which relate to prayer and fasting. This booklet provides guidelines for the patients to continue their devotion even when they are sick. The nurses are trained to assist if they are in doubt. For inpatients, the role of nurses and also SCO is to assist the patients in performing *Wudhu* and *Solah* on bed. For dying patients, the SCO will guide the patients to repent and always in remembrance of Allah. This is part of the SCCP.

4.8.5.8 Staff Development on Clinical and non-Clinical Services

The main staff training is still on their competencies upgrading which is part of their professional body annual requirement on Competency Professional Development, CPD. The training of all the staff in the organisation proceeds from the first day of engagement with the organisation. The training includes the basic vision, mission, core values, and also the common items such as work ethics, medical *Fiqh*. The Core Processes of SCCPs for their particular department are also covered. The related SCCPs issues are also being discussed.

Besides the trainings, the other activities include the weekly *Tazkirah* program, *Usrah,* and also the monthly *Majlis Ilmu* as a supportive program. All these programs are part of the processes in transforming the organisation to ensure the staff are fully equipped to be engaged in a SCH. The core values were also explained and discussed during the

weekly *Tazkirah.* Besides the training for spiritual upgrading, the Muslim etiquette training is introduced in SDSE. These trainings were introduced to comply with the hospital protocol and at the same time observing the Muslim *Adab* in terms of greeting and saying *Shafakallah* to the patients when they are discharged. These are part of SDSE, inpatient handling before treatment and also after treatment.

4.8.5.9 Infrastructure Facilities with Islamic Attributes

The hospital industry appears to be the industry that is highly influenced by *Halal* and *Shari'ah* compliance requirements by Muslim patients. Since its inception of SCH, ANSH has received demands by other government bodies to expand the concept in other states. At the moment there are two (2) other projects in hand in Penang Island and Meru Ipoh, Perak. The attributes of SCH has attracted many other agencies to replicate in their states. The summary of Islamic attributes is listed in Table 4.4.

Table 4.4
Islamic Attributes in Hospital Industry

IslamicAttributes in Hospital Industry

IslamicAttributes	Hospital
1 Halal Foods and necessary preparations is under control from non-halal	Halal food and noAlcohol serve, provide halal medicine
2.Provide Muslim prayer room, ablution facilities with other necessary supporting facilities for	Provide prayer rooms or space for praying in the ward and Quran & prayer mats availability
3 Muslim friendlywashroom	Bidets inthe bathroom
4 No indecent environment which not suitable for muslimguest	Halal entertainment Practices considered non ethical in Islam
5 Practisinggovernance and management promoting other Islamic products and services	Use Islamic funding
6 Segration of facilities according to gender and arrangement of facilities according to Shari'ah requirement	Separate recreational facilities for men & women, separate male and female rooms. Bed & toilet positioned so as not to face the direction of makkah. Female patients to wear Islamic appropriate clothing. Availability of Muslim Chaplain services
7 Employee practising Islamic way of life	Predominantly Muslim staff, Islamic dress code. Doctors or nurses available for patients requiring privacy
8.Services during Ramadhan	Ramadhan fasting facilities
9 Provide information for Muslim guest	Level of Halal based medication used

Source: Sailan, Rahman & Rahim (2018)

Apart from the major basic mandatory necessities that are usually sought by Muslim patients that fulfilled the criteria for Islamic attributes, the Healthcare provider has its specific focus in meeting the patients' needs, such as *Halal* food, facilities for performing prayer, and Muslim-friendly washroom. The Islamic attributes emphasise on providing a decent environment suitable for Muslim guests. The prayer time information should also be provided throughout their stay.

The other focus is on management that practices Islamic governance and also promotes Islamic products and services at the hospital premises. There are facilities being arranged based on *Shari'ah* requirements and also segregation in terms of rooms especially for the four bedded and double bedded rooms respectively. The hospital is to provide significant Islamic information in the room to the Muslim patients. The main concern of patients is on the convenience and comfort while they are in the inpatients, such as facilities of praying, censored entertainments, *Qibla* direction in the room. For Healthcare industry, availability of *Halal* medication is of prime importance unless there is no alternative. The Islamic attributes for the inpatients should reflect the Pillars of Islam.

These Islamic attributes are divided into three (3) main priorities. The first priority refers to the basic mandatory need that will please Muslim inpatients, such as *Halal* foods, Muslim prayer room, Muslim-friendly washroom, and services during the month ofRamadhan (Sailan et al., 2018).

Next, is segregation of facilities as expected requirements based on gender and *Shari'ah* with decent environmentally friendly rooms. There is imminent Islamic

information provided to Muslim inpatients. Lastly, the premises should also cater to the needs of employees as valued requirements, for them to practice the Islamic way of life. This is in accordance with the staff to practise the Islamic governance and management so as to promote Islamic products and services. These are the added-value in terms of Islamic attributes for both services and facilities besides other compulsory facilities and services that are required from Healthcare provider to provide to the guests, regardless of their faith. The listed Islamic attributes would definitely incur extra cost in terms of maintenance of facilities and services to the operator.

4.8.5.10 System and Technology for Efficiency and Productivity

Usage of well-designed technology and system will assist a physician's task easier by giving them more control over their work and enabling deeper interactions with their patients and colleagues. The best technology reduces the time physicians spend on mundane tasks, simplifies their work, and allows them to focus on the meaningful art of medicine. It is a win-win trickle-down effect that will ultimately help reduce physician burnout, while helping them be more involved and empowered in their work. The usage of modern medical equipment will increase the efficiency and productivity of the medical practitioners. Using highly sophisticated medical equipment will allow diagnosis to be more accurate and hence provide faster recovery.

A Hospital Information System (HIS) is designed to provide a comprehensive, integrated information system to manage the financial, clinical, and administrative aspects of a hospital. The aim of hospital information system, as a centre of medical informatics, is to achieve the best possible support of administration and patient care by electronic data processing. No doubt, information technology has impacted a

significant contribution to the Healthcare sector. A foray of numerous information systems has emerged in the past decade. The inroad of IT system has witnessed a major contribution to improve the efficiency and productivity as their resultant products in the hospital scenario. The capital investment in hospital electronic management facilities has increased substantially to replace previous paper medical records which are cumbersome in nature. The manual system is bulky to use and difficult to manage. In the other hand digital records are much easier to handle and can improve the workflow efficiency by integrating various tasks.

The introduction of HIS has provided the required information at each level of the management, in the right form at the right time and place, so that the decisions to be made can be very effective and efficient with the support of available data. HIS plays a vital role in planning, organizing, initiating, and controlling the operations of the subsystems of the hospital. This will provide a synergistic outlook and improve the process flow of the hospital. Patient care can be accessible through data in the HIS system and thus make recommendations for better care. This will enable a hospital to move from conventional retrospective approach to a concurrent review quality and appropriateness of patient care taking the personal needs of the patient.

4.9 Summary

This chapter presented the findings of the five (5) research question. The first questions elaborated the present practices found in SCH. The practices of ANSH was taken into consideration since it is certified MS 1900. It has been documented in various journals. However there is limitation due to the limited size of the hospital which has only to be tertiary from middle of last year.

The second research question elaborates the implementation of MS 1900:2014 as SCH. Briefly the scope of implementation has enlighten on the scale that an organisation has to get involved. It is very similar to ISO 9001 where the organisation has to prepare documentation and also training to all the staff before SIRIM can be called for certification.

The third question relates to the challenges and factors for successful implementation of MS 1900. The findings on the challenges and successful implementation were gathered through in depth interviews and also from academic literature. The findings provide the commitment of the stakeholders to pursue the certification of MS 1900. Finally the most important is the prayer to Allah for allowing to pursue the right course under His guidance.

The fourth question provides the benefits that brought about for being MS 1900 certified. Numerous benefits were illustrated and the major benefits are the cultural transformation of the organisation from a conventional hospital to SCH and also the justice that a customer would receive from SCH.

Finally, the final question is the main topic of the thesis. Framework was developed based fro the findings and also the researcher's understanding of a framework that will be beneficial to academic world and also to the practitioners who would like to pursue MS 1900. Briefly the framework would allow much simpler understanding from a Theoretical framework (SIRIM) to Conceptual framework (ANSH) and to the practical framework, which was developed.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Introduction

The study initially was based on works carried out by An-Nur Specialist Hospital (ANSH), however, after a few years more studies were discovered on MS 1900:2005 and also MS 1900:2014. Nevertheless those studies were mainly on Islamic institutions such as *Zakat* Department and Public Higher Education Institution.

The current study is to propose a *Shari'ah* Compliant Hospital (SCH) Framework for Malaysia since there is a lack of study at the time of writing this thesis. Presently the MS 1900:2014 allows companies to be certified as *Shari'ah* based Quality Management System (SBQMS) for all type of industries. The theoretical framework is a general framework and each organisation has to relate this framework into its organisation. The study has developed a practical framework that can suits every industry which is much simpler to follow to comply with the requirements of MS 1900:2014.

The findings of this research investigation have already been presented in the previous chapter. This chapter is to recap the research objectives, the research limitations, its contribution to academic knowledge and industrial knowledge, recommendations and also suggestion for future research.

5.2 Recapitulation of Research Objectives

As for the current findings, the study has fulfilled the following objectives;

5.2.1 The Present Practices of *Shari'ah* Compliant Hospital (SCH) in Malaysia

The present practices of SCH are based on MS 1900:2014. At the moment MS 1900:2014 is based on ISO 9001:2008. Already efforts by Standard Malaysia for 2nd revision of MS 1900 are in progress to be line with ISO 9001: 2015. As for the present practices, three (3) major additional principles are embedded in MS1900 in addition to ISO 9000, namely:

1. The understanding of the principles of *Halal* and *Haram.*
2. Operation is based on values system.
3. Decisions taken are in accordance with the *Maqasid Shari'ah* (Basir & Azmi, 2011).

The standard requires organisations to identify *Shari'ah* Critical Control Points, SCCP throughout their processes in the form of SOPs, guided by the principles of *Halal* and *Haram* and principles of *Mualamat* (Business Transactions) (Standard, 2014).

Islamic core values are integrated into ISO 9001 by the MS 1900. MS 1900 is unique in that Islamic terms like *Shari'ah* Advisory Council, *Shari'ah* Compliance, *Fiqh, Shari'ah* Compliance Unit, *Halal,* Qur'an, Hadith, Sunnah, *al-Ijma* and *Fatwa* are embedded in the standard. MS 1900 was built according to the ISO 9001 system, and any revision of ISO 9001 would also impact MS 1900.

Although there are numerous hospitals, public, and private hospitals are practising *'Ibadah* Friendly Hospital (IFH) the final move will be towards SCH (Wan Daud, 2017). After examining scenarios related to the implementation of Islamic values in the health industry in Malaysia, and the initiatives taken to support its development, it

can be concluded that the IFH program being implemented in the Ministry Of Health's (MOH) facilities is a significant and very timely development. With a holistic and balanced approach to achieving this aspiration, the implementation of the IFH program has indirectly prepared health organisations to work on another step towards *Shari'ah* compliant concept.

In the context of hospitals, this *Shari'ah* compliant certification will have an impact on the health management system, which will in turn affect the overall hospital service operations. Thus, the process of translating Islamic values into service processes inevitably requires a comprehensive approach. To date, two (2) medical institutions have successfully obtained the certification, namely the Armed Forces Hospital at Terendak Camp Melaka and the An-Nur Specialist Hospital, Bandar Baru Bangi, Selangor (Ibrahim, 2017). The Armed Forces Hospital at Terendak Camp Melaka did not continue with its certification after the first accreditation which expired three (3) years from the licensing date. However, ANSH continued and has entered into the second cycle of certification which will expire in April 2021.

5.2.2 The Implementation Aspects of MS 1900:2014 for SCH

The implementation of MS 1900 is after the hospital has obtained the licence to operate the hospital. The SCH is an added value of certification from Standard and Industrials Research Institute of Malaysia, SIRIM. The process requires the health provider to follow the guidelines as outlined by MS 1900:2014.

There are certain trainings and organisational structure to include *Shari'ah* panel advisory and also the engagement of *Shari'ah* Compliant Executive, SCE. The

Standard Operation Procedures, SOPs established have to include *Shari'ah* Critical Control Points, SCCP to ensure risk mitigations for *Shari'ah* matters to be observed strictly. These SOPs will be explained and trained to all staff before the auditing by SIRIM. After fulfilment of MS 1900:2014 only then can the health provider be a SCH (Shariff et al., 2018a). Basir and Azmi (2011) explained that the process of MS 1900 implementation can be executed by integrating five (5) steps in the MS 1900 implementation process with the *Shari'ah* elements embedded. The five (5) steps are as follows:

5.2.2.1 The Basic Understanding of the MS 1900 before Implementation

The importance of holistic knowledge, understanding and training concerning MS 1900 must be emphasized. All top managers, middle managers and employees who are working for the organisation must be given sufficient knowledge and training especially on the understanding of the principles of *Halal* and non-*Halal* aspects of processes, products, and services.

5.2.2.2 Documentation Preparation

The managers should identify the procedures that require *Shari'ah* compliance in the SOPs manuals as stated in the MS 1900 requirements. The SCCPs relevant in the SOPs has to be identified and will be referred to SAC for advices. The SOPs are divided into core processes and support processes. Nevertheless, the placement and storage of documents that contain Quranic verses must be observed (Basir & Azmi, 2011)

5.2.2.3 Management Commitment

Management commitment is vital in the implementation. Management should also consider the *Shari'ah* requirements in human resource management, financial management, procurement procedures, production and marketing, and all other related departments. The management has the commitment to ensure that organisations are not engaged in financial transactions that are prohibited in Islam. Hence, those financial transactions that involve *Riba* (Interest) are prohibited (Basir & Azmi, 2011).

5.2.2.4 Quality Policy of the Organisation

The management should ensure that the quality policy outlined is *Shari'ah* compliant. Hence, any quality policy that is not *Shari'ah* compliant should be avoided and not be encouraged. The quality policy formulated should be vigilantly crafted to ensure that it complies with *Shari'ah* principles (Basir & Azmi, 2011).

5.2.2.5 Performance Review and Auditing

Continuous compliance monitoring by the managers should be carried out to ensure all processes, products, and services offered by the organisation are *Shari'ah* compliant, as stated in MS 1900 requirements. Appropriate data collected should be analysed by the managers to demonstrate the *Shari'ah* compliance of the QMS and to evaluate continual improvement of the effectiveness of the system (Basir & Azmi, 2011).

5.2.3 Challenges and Factors in the Successful Implementation of SCH

An-Nur has paved the way for a model to be emulated as example in the industry since it has gone into the 2nd cycle. The achievement of ANSH in terms of third party awards

received from Small and Medium Enterprise SME Corporation and the Malaysia Entrepreneur Foundation is a testimonial that ANSH is SCH. The challenges faced by ANSH and other IFHs are part of the study as knowledge and lessons for others to comprehend in their preparation in subscribing to SCH. The major factors in the successful implementation are outlined in the interviews.

5.2.3.1 Staff Engagement

Staff especially nurses who are willing to be trained in *Shari'ah* practices in addition to their normal clinical training requirements. The burden rest on the staff besides being trained on clinical matters, they need to understand *Shari'ah* items so that these nurses are able to teach the patients rituals related to daily '*Ibadah* when they are in the hospital. Their commitment to be trained on *Shari'ah* matters will be reflected as they extend their services to the patients. The training is continuous effort to ensure that the staff are well equipped to attend to SCCP requirements.

5.2.3.2 Funding

The organisation has to set up an internal audit team to carry out internal audit before the actual audit to be carried out by the external auditors. This requires a team of staff to be trained by SIRIM as internal auditors and it could be a burden for SME companies where the number of staff is limited, hence staff has to be multitasking. Besides, fees for the auditing for annual surveillance audit may not be affordable to some companies. These are the challenges faced for sustainability of the certification.

5.2.3.3 Right Specialists who subscribed to *Shari'ah* Compliance

Recruiting the right or suitable specialist to serve the hospital is another challenge faced by SCH. The specialists with the right mind-set as required by SCH are willing to sacrifice for the needy especially. To have doctors who share the same work life, the same thought, same mind-set, same *Fikrah*, the same aim, same vision, and mission it is not easy because after they become doctors after five (5) or six (6) years, their idealism will change towards idealism for money. Our program of *Usrah* on regular basis has helped a lot in reminding each other. It is quite a challenge to be able to recruit a specialist who are equipped with the same mind-set.

5.2.3.4 Shortage of *Shari'ah* Compliant Executives

The other challenge faced is the shortage of SCE who are willing to engage in the Healthcare industry. Many of these SCE find it difficult to understand the operation of Healthcare industry. They need to further master the *Fiqh* medic requirements which may not be their scope of earlier studies in the university. Further they need to train the clinical staff to demonstrate to the patients. The shortage can be overcome if the higher institutions of education are exposed with the requirements by industry. On the factors that contribute to successful implementation are as follows:

5.2.3.5 Leadership

It is vital for senior management to understand the MS 1900 and its implementation in advance before putting the expectations to all staff in the organisation. The leadership example to pave the direction of the organisation is important for staff to follow and committed to the vision and mission of the organisation.

5.2.3.6 Management Commitment

Commitment to the supervisor should be obtained primarily from the aspect of the managing the allocation of resources for the implementation of MS 1900 will be smooth without any disruption due to lack of resources.

5.2.3.7 Organisational Culture

Leadership should adopt a culture of open communication, tolerant and accept the opinion of various parties to ensure the implementation of the MS 1900 can be accomplished by effectively.

5.2.3.8 Communication

Parties appointed to perform monitoring continuously are to communicate to all staff so that any periodic assessments for a particular quality activities are updated on their status example an assessment results of the internal audit.

5.2.3.9 Staff Participation

Staff involved in the management system of quality MS 1900 be given awards and recognition as in the form of financial or non-financial reward in order for the team to be always motivated to perform the given tasks.

5.2.3.10 Prayer and *Tawakkal*

After all the efforts that the organisation has tasked, the final effort is to seek for Allah assistance as mentioned in the Qur'an Surah al Baqarah ayat 45;

"And seek help (from Allah) in patience and as-Salat (The Prayer) and truly it is extremely heavy and hard except for al-Khasi'un (True Believer)".

The members of the organisation are reminded that the final decision maker is still the Creator and hence the Creator's assistance is always to be sought for.

5.2.4 The Benefits of being SCH for a Healthcare Service Provider

The benefits outlined were many including for the organisation, the staff and also most important for the patients. Below are the benefits:

5.2.4.1 Transformation of Staff to Organisational Culture

At the recruitment stage, the organisation should be selective to recruit those who are ready to be transformed to the organisation culture. Further, the staff should also being informed of the mission and vision of the SCH. Any deviation from its vision and mission may not be suitable for the new staff. Before the certification of MS 1900:2014, the organisation may experience varieties of staff culture coming from diverse background.

5.2.4.2 Fair Prices to Patients

A major factor of establishing SCH is to save the medical practices free from fraud (Auda, 2010). Since Islam ensures justice and free from fraud, patients receive fair prices and medical practitioners are being made aware if any of their charges are beyond normal. Their practices are observed through a *Shari'ah* Committee at hospital level and any misalignment is referred to the *Shari'ah* Advisory panel.

5.2.4.3 Philosophical and Operational Quality Issues

Urgent issues have to be resolved every day in the hospital setting. This is because life may be in jeopardy if action is not attended. Hence operational issues need immediate management attention where necessary. Management has to deal with the hospital's services constantly with the evolving customer needs. The hospital is forced to deal with important issues by the MS 1900 process.

An example, such as documentation management issues or the setting up of a real management system for key equipment maintenance, which are often considered very basic issues, will get low priority and moved to the bottom of the pile. This is considered important but not urgent and can be done tomorrow.

5.2.4.4 New Legislation will be implemented as per MS 1900 Requirement

The certification audit will see any new legislation requirements are met. On-going internal audits will also check for those issues. New legislation is published and often takes quite a while before the hospital checks its application. The Malaysia Standard (MS) certification provides up to date with new legislation requirements before the annual surveillance audit.

5.2.4.5 Traceability to Equipment and Facilities

Traceability is an important process has to be monitored in a hospital environment. This is stated in the SOPs. Everything that has been sterilised is traceable to the batch with batch number in which it was sterilised. The date and time are stamped for traceability under whose responsibility it was done. The traceability is important in SOPs especially when there is a pandemic or any outbreak of disease.

5.2.4.6 Company-Wide Feeling of Motivation and Pride

This MS 1900 implementation brings a feeling of teamwork and partnership by working together to achieve the certification. After the implementation of the project, ANSH received many visitors who came to study and learn how ANSH has prepared for the certification. The participation by the whole organisation has created company-wide motivation and the feeling of pride when the certification was achieved. It has also provided wide public awareness that ANSH has the MS 1900 certification to be named as a SCH.

5.2.4.7 Sustainable Quality is a Commitment

Every hospital can be proud of providing exceptional services not just to a particular patient but to all hospital patients, rendering similar quality services throughout the hospital. But quality is not about being able to provide care occasionally, it is about providing successful patient care, security and customers' satisfaction on a permanent and consistent basis to all. The MS 1900 quality depends on the management system by all, rather than on transitory and on individuals.

5.2.4.8 Staff Career Pathway and Training

With the MS 1900 certification, it requires training to all staff members. As a basis to facilitate all new employees to be familiar with the SOPs, training is part of the process in understanding of MS 1900 since it will contribute in the operation of the whole hospital. This will provide each staff member to have a more global understanding of their contribution through flow-charting activities that will allow all staff to comprehend better what comes before and after their specific tasks. The MS

1900 forces the hospital to have continuous training to all staff and in this way staff will have better career pathway through training.

5.2.4.9 Blessing from the Creator for following *Shari'ah*

In Surah al–Arafverse 97;

"If the people of the towns had but believed and feared Allah, We should indeed have opened out to them (All kinds of) blessings from heaven and earth, but they rejected (the truth) and We brought them to book for their misdeeds".

As mentioned in the Surah, the promise by Allah for those people, believe in Allah then they deserve upon them blessing from the Lord. This is an incentive bestowed upon the organisation and the staff, blessing from the Creator if they always observe the *Shari'ah* teachings in their organisation.

5.2.5 Development of the Practical SCH Framework for Malaysia

The proposed framework is very much based on MS 1900:2014 SBQMS designed for the Healthcare industry in general, nevertheless it can also be utilised for other industries. Since Healthcare industry is highly regulated and more stringent in observing standards and ethics, other industries would be much easier to proceed with the guidelines.

The major contribution is to create the awareness of Islamic Healthcare requirements which can contribute benefits to the Healthcare industry. The proposed SCH framework is applicable in Malaysia and other organisations may emulate the same

with the current Quality Management System practised in the respective countries since the foundation of MS 1900 is ISO 9001:2008. MS 1900:2014 will be revised to MS 1900:2020 as per ISO 9001:2015 which includes Risk management. The researcher has been a member of the working group in reviewing the revised version of MS 1900:2020. In MS 1900, the risk management has been embedded through what is known as SCCPs. The major components are:

5.2.5.1 Core Principles

The core principles of the framework remain the four (4) major items.

1. **The Private Healthcare Facilities and Services Act 1998**

For the private hospital to operate, the guidelines in the Act have to be strictly adhered to. The Private Medical Practices Control Division, CKAPS will only issue the licence if all the guidelines are met.

2. **Compliance with the principles of *Halal* and *Haram***

The Holy Qur'an provides a clear perspective where, everything is *Halal* and permissible unless it is explicitly mentioned as Haram. In determining *Halal* and *Haram*, basically it has been summarized with certain criteria such as *Tayyib* (Clean), not *Khabis* (Dirty), and to be reasonable, measurable with clear objectives of no harm to environment, human and other creatures. *Halal* activities and objects are clearly mentioned in the Quranic verses. The *Haram* materials and affairs are restricted to certain instances, such as: 1. Dead Bodies, 2. Blood, 3. Wine, 4. Dog, 5. Pig, 6. Possession of other people's properties without permission, and 7. Foods offered by tyrant rulers.

3. Operation Based on Values System

The organisation ensures that the values practiced in the organisation do not contradict with Islamic values. Organisational values such as greed, exploitation, practice corruption, selfishness, non-transparency, and slander must be eliminated, since these values will have detrimental effect on any organisation. However, organisational values which are aligned to Islamic values such as teamwork, transparency, honesty, striving for excellence, fairness, and tolerance must be promoted and cultivated.

4. Decisions based on *Maqasid Shari'ah*

Any organisation that aims to acquire MS 1900 certification will need to ensure that any decision taken must be in accordance with *Maqasid Shari'ah*. If a decision taken by managers could harm the Muslim faith, for example, then the organisation is not qualified to obtain the MS 1900 certification

5.2.5.2 Four Pillars of the Framework

1. Standard Operating Procedures with SCCP

The documentation for all the SOPs are those related to Work Ethics, Medical Practitioners Ethics, Medical *Fiqh,* and Patients Care Ethics. For the Core Processes, the Clinical related *Shari'ah* issues are in the Nursing department, Pharmacy, and Laboratory. The Support Services related to *Shari'ah* issues are Accounts & Finance, Human resources, and others. Only those related to *Shari'ah* issues are being registered in the SCCPs. The preparation of these documents is critical before any training can be carried out.

2. Staff Development on Clinical and non-Clinical Services

Upgrading the staff competencies is part of their professional body annual requirement on Competency Professional Development, CPD. The training of all the staff in the

organisation proceeds from the first day of engagement. The training includes the basic vision, mission, core values, and also the common items such as work ethics, medical *Fiqh*. The Core Processes of SCCPs for their particular department are also covered. The related SCCPs issues are also being discussed.

3. Infrastructure Facilities with Islamic Attributes

The hospital industry appears to be the industry that is highly influenced by *Halal* and *Shari'ah* compliance requirements by Muslim patients. Table 4.4 provides the infrastructure and Islamic attributes for a hospital set up.

4. System and Technology for Efficiency and Productivity

Technology and System will assist a physician's task much simpler by providing more control over their work and enabling deeper interactions with their patients. The best technology will simplify the time physicians spend on mundane tasks, their work, and allows them to focus on the meaningful art of medicine. It is a win-win trickle-down effect that will ultimately reduce physician time on manual writing, while helping them be more involved and empowered in their work. The usage of modern medical equipment will improve the efficiency and productivity of the medical practitioners. Further usage of highly sophisticated medical equipment will allow diagnosis to be more accurate and hence provide faster recovery.

5.3 Limitations of the Study

The limitation of this research is the application of ANSH as the primary reference for the case study. Presently, ANSH is the only hospital certified with the MS 1900:2014 *Shari'ah* based Quality Management System in Malaysia. There are *Ibadah* friendly-based hospitals, but it will be a precursor towards the criteria for SCH. Thus, the choice of ANSH is appropriate. Nevertheless, the study includes the progression of ANSH

after having achieved over the years, from a shop lot 30-bedded hospital to a more prestigious well-equipped and modern 100 bedded multi-disciplinary tertiary hospital. The other limitation is related to the MS 1900:2014 as the reference standard. The MS is based on ISO 9001 and ISO 9001 will be revised. ISO 9001 has been revised to ISO 9001:2015 whilst MS 1900:2014 was based on ISO 9001:2008. Efforts by Standard Malaysia to revise MS 1900:2014 for 2nd revision based on ISO 9001:2015 has completed. It has passed through public consultation and public feedbacks have been compiled. The revised standard is targeted to be issued early next year.

5.4 Contributions of the Study

The aim of the study is to develop a SCH Framework in Malaysia. The study explores the significant role that it can provide for both the academic environment and also for the Healthcare industry. The outcome of the study can be stated below:

5.4.1 Academic Knowledge

It would be a novelty contribution in literature review collection since research on SBQMS is still lacking. Since qualitative study provides the best form of exploring new study, the study will enrich the knowledge discipline in SCH. It can also be extended in other *Shari'ah* compliant institutions. The study can provide to be a reference platform to academicians, students and the public at large on SCH.

The other significance of this study is that it opens the doors for other researchers to explore the effect of implementing MS 1900 for a Healthcare service provider. It will assist in contributing to higher productivity and efficiency of the Healthcare service providers.

5.4.2 Knowledge to Healthcare Industry

The study will propel a much more practical framework and guidelines for Healthcare providers to undertake an SCH accreditation based on MS 1900. It will also fill the gap of many other studies on ISO 9001 for quality management system in hospital (Heuvel et al., 2005; Hillary et al., 2016; Motwani et al., 1996) although this study revolves on MS 1900:2014. The significant differences are the Islamic aspects since MS 1900 emphasised on a holistic approach by introducing three additional significant elements, namely:

1. Principles of *Halal* and *Haram*.
2. Organisation that operates based on values system.
3. Decisions or actions executed are in accordance with the *Maqasid Shari'ah*.

Since the research is a significant study in MS 1900 implementation for a Healthcare service provider, it will serve as a guideline for others to follow. The study can provide valuable and significant contributions on how the MS 1900 certification can be implemented with the consideration of the challenges and factors that have a substantial contribution to successful implementation. The strength and challenges highlighted are areas of concern in the development and growth of knowledge in the field of SBQMS.

The major significance of contribution after certification as MS 1900:2014 certified service provider is to fulfil customer satisfaction. Not only will it improve the organisation's productivity but also attract significant medical tourism programs in which Malaysia is also a leader in promoting this activity. From 643,000 arrivals in 2011 when the Malaysia Healthcare Travel Council, MHTC was privatised, Malaysia attracted 1.2 million arrivals last year, thanks to its affordability and easy access to

world-class quality Healthcare facilities and services. Meanwhile, revenue generated by those arrivals during that period has surged from US$127 million in 2011 to US$362 million in 2018 (Thomas, 2019).

5.5 Recommendation

The study allows a new area of research in line with the government's aim to popularise Islamic Healthcare. Malaysia has been promoting other areas such as *Halal* Hub, Islamic Banking and Finance, and also Islamic tourism. Although there are many literatures on Medical tourism and Malaysia enjoys top placing in these areas, SCH will attract more especially from Muslim patients when the treatments in Malaysia is considered more value for money. The shift from western countries to South East Asia is inevitable after the incident of 911. The movement of Muslim especially from Middle East to US and also to Europe is restricted due to Islamophobia. Visas are often being denied for names with initial similar to targeted terrorist. Hence the major shift to Malaysia especially for Medical tourism.

The proposed Framework can also be utilised for other SC institution. The proposed framework for other SC institution is shown as in Figure 5.1. The major difference is the Industrial Act practised for a particular industry which is normally mandatory to that particular industry. The other pillars are very much similar in term of SOPs, Staff development, Islamic attributes and Technology usage for efficiency and productivity.

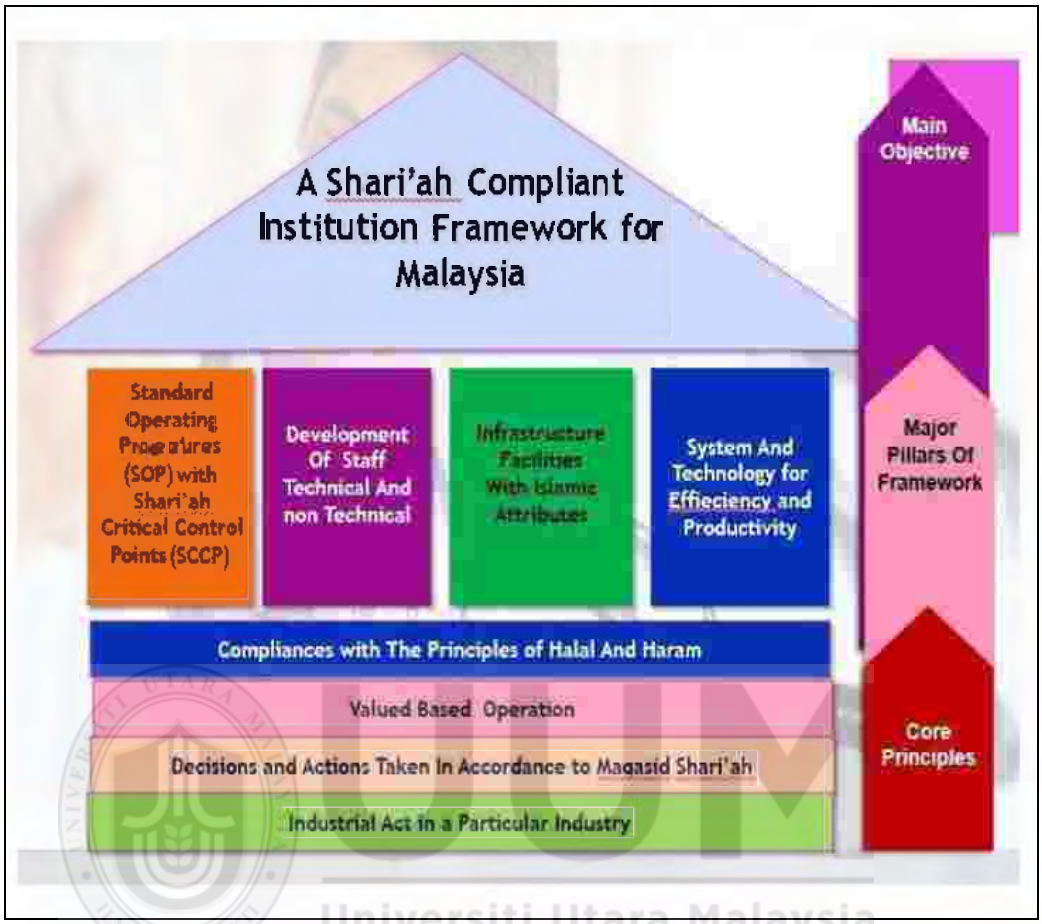


Figure 5.1
Proposal for Shari'ah Compliant Institution Framework for Malaysia

5.6 Suggestion for Future Research

There are three (3) major suggestions for further study on SCH.

5.6.1 The Sustainability of *Shari'ah* Compliant Hospital

This study is important for understanding how SCH can be sustainable in pursing as SCH. Due to the strict requirement, it is important to ensure that the SCH is a viable proposition as Muslims' awareness to be more Islamic in products and service is gaining positive response.

5.6.2 The Quality Performance of *Shari'ah* Compliant Hospital

Many studies have been carried out on the quality performance of normal conventional hospital. It would be beneficial to the researcher in trying to understand how SCH performs with the underlying values being propagated as SCH. It contributes to the limited literature on how the performance, both financially and clinically, of *Shari'ah* compliant Healthcare provider.

5.6.3 Customer's Experience in *Shari'ah* Compliant Hospital Environment

The final suggestion is on the customer's experience study in SCH environment. This would be a quantitative study to survey through questionnaires and feedback forms of the SCH. The study will present a good feedback for the organisation to have continuous improvement and provide a good image as SCH.

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APPENDIX A

A.1 Interview Protocol

A *SHARI'AH* COMPLIANT HOSPITAL (SCH) FRAMEWORK IN MALAYSIA

END USER INTERVIEW

1. OBJECTIVES

As part of the requirement of Qualitative Analysis, the questions provided are mainly to the organisation understanding, preparation and also the readiness in implementing *Shari'ah* Compliant Organisation. Presently there are *'Ibadah* friendly which have been practising since the launch in 2014 by the Director General of Ministry of Health at Hospital Sg. Buloh. The interviews are conducted to academics and organisations that have involved in MS 1900:2014 and also the process of being audited for MS 1900:2014.

2. END USERS

The end users will be the policy maker and also implementing *'Ibadah* friendly/ *Shari'ah* compliance in the organisation.

- Hospital Pakar An-Nur Bangi Selangor.
- Hospital IIUM Kuantan Pahang.
- Hospital Sungai Buloh, Selangor.
- Hospital Al Islam Kampung Bharu, Kuala Lumpur.
- Academicians or Experts who have conducted similar institutions utilising MS 1900:2014.

1. Organisation Profiles & Structure	• Academics background • Higher institutions • Papers written
2. The Factors that Motivate for *Shari'ah* Compliance, SC, Organisation Certification	Internal Motives • Religious belief How does the religious belief motivate the management to go for certification • Management effectiveness • Service quality improvement • Improve work procedures • Reducing incidents External Motives • Market trend Can market trend also be another factor of motivation • Financial gain Will there be any FG to be another motivating factor • Niche market (competitiveness) By having SC, could this be a niche for such organisation • Organisational image • Customer's demand • Stakeholder's demand • Any others
3. The Benefits for being SC Organisation	• Management effectiveness • Good governance o By being SCH the Medical practitioners can no longer charge medical fees without following procedures, will it be more ethical charges ▪ Customer's satisfaction

	▪ Reinforcing Islamic values ● Culture transformation o Through SC, culture transformation would be carried out to accept new corporate culture. Can this be beneficial to the organisation ▪ Encourage excellence & innovation ● Market positioning o Being SCH can position as a new Islamic product, will this be advantage being SCH ▪ Stakeholder's confidence
4. Quality Management Implementation Steps/ Activities	● Gap analysis (including the readiness to implement SCH) ● Leadership ● Risk management ● Changes on existing structure or culture ● Resource management [manpower, infrastructure & funding (financial)] ● Training ● Service/ product realisation ● Internal audit ● Management review/ evaluating QMS performance ● External/ surveillance audit ● Continuous improvement ● Certification/ quality program maintenance
5. The Preparation for Certification	● Organisation Structure o There is a need to cater for the *Shari'ah* council comprising of experts in Islamic jurisprudence, in the organisation to be direct

	reporting to the board. Will the organisation accommodate for this requirement?
	• Internal auditors
	  ○ A group of internal auditors to be trained for internal auditing before external auditors come to inspect. Can this group be formed by the organisation?
	• Staff training
	  ○ Staff training is important element to ensure the compliance by all staff. Can this be organised throughout the organisation?
	• Document preparation
	  ○ Importantly is the documentation preparation to incorporate *Shari'ah* Critical Control Points. Will the organisation have the capacity and manpower to prepare or need external assistance?

6. The Expectations after Certification	• Achievement
	  ○ After receiving the certification, what does it present to the management?
	  ○ Promoting Internal and External. Will there be further promotion for other awards? Can it be a gateway for other promotion?
	• Continuous staff development
	  ○ Part of the certification requirement is the continuous improvement on

	staff skills, what are the plan for the up skilling?
	• Acceleration
	  o Accelerating QM to the next level – as catalyst for excellence and innovation.
	• Recognition / Awards
	  o With the award, the industry recognises the importance of being certified as SC, what kind of contributions will the organisation provide?

7. Understanding of Quality Management System, QMS, Conventional and Islamic, IQMS	• QMS and Customer Satisfaction
	  o Idea of QMS is to achieve quality product and services. Hence objective is customer satisfaction?
	  o IQMS objective is in accordance to *Maqasid Shari'ah*. MS is to provide solution for *Masalah 'Ammah*. How does customer satisfaction, CS achieved through MS?
	  o Whether the value management system differ from QMS and IQMS in term of CS

8. Attributes of *Shari'ah* Compliance	• Understand basic principles of *Shari'ah*. • Understanding of *Maqasid Shari'ah* • Understanding principles of *Halal* and *Haram* • Understanding principles of *Muammalat* • Concept of quality in Islam • Understanding of 'core Islamic values'

	• Development, implementation and measuring of 'organization core values' • To use existing 'organization core values' as a start
9. Difference between ISO 9001 and MS1900	Major Differences • Value management • *Shari'ah* Critical Control Points • *Shari'ah* Compliant Officer • Can an organisation be SC if the above are met even if the organisation management members are not Muslim? • Difference between *Halal* product certification and SC organisation • Misconception of SC when it is not third party accreditation i.e. MS 1900
10. The Challenges/Barriers in Implementation	Challenges/Barriers • Employee's attitude • Lack of commitment from employees • Lack of leadership • Lack of understanding on quality program • Lack of resources • Weak teamwork • Unsupportive work culture • Resistance from professionals (doctors) • Short-sighted goal for getting certified • Lack of necessary guidance for certification • Following others (the trend) in certification • Unrealistic requirements and ritualistic implementation • Cost of certification/ QMS

11. The Type of Certification of SCH	• SIRIM MS 1900:2014
	  ○ Can MS 1900:2014 cater for your requirement as SC? And how & why?
	• JAKIM Certification
	  ○ JAKIM is the authority in *Halal* certification, can JAKIM play the role for *Shari'ah* compliance? How and why?
	• Other Certification Body
	  ○ Is there other third party or private entity that can handle SC certification similarly to Bank Negara for Islamic Banking? MQA as third party for higher education/ IPT

12. MS 1900:2014	• Similar to ISO 9001:2015 • What are Pro's and Con's in using MS 1900 • Is it the best for *Shari'ah* compliant purpose • Any shortcomings since *Shari'ah* covers the spiritual element whereas ISO does not cater for that
13. Factors in Successful Implementation	• Leadership • Management commitment • Proper risk management • Employment participation • Organisation culture • Performance measurement • Communication • Reward system
14. Comments	• Other Comment

QMS – Quality Management System

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A.2 Sungai Buloh Hospital (Government Hospital)

An interview was conducted on 13th February 2018 at Sungai Buloh Hospital with Dr. Ahmad Fahmi Md Sahray, Chief Assistant Director (Clinical) who is appointed as the person in charge of implementation of IFH by Dato Dr. Khalid Ibrahim, the Hospital Director of Sungai Buloh Hospital. Dato Dr. Khalid is also the Head of IFH program for the MOH. IFH program was launched at Sungai Buloh Hospital on 25th February 2014 by the Director General of MOH, Dato Dr. Hisham Abdullah with Sungai Buloh Hospital being the pioneer in the implementation of the program. The interview was about 30 minutes and assessed the practice of IFH as precursor to *Shari'ah* complaint at Sungai Buloh Hospital and other MOH hospitals.

A.2.1 The Factors that Motivate for *Shari'ah* Certification

Our main motivation to move towards SCH is due to market demand. The awareness amongst the patients to get *Shari'ah* Compliance, SC, services and products from Healthcare is increasing and the government sector is not excluded to provide the services. The other factor is that we also notice that our staff, our Healthcare providers are having the same spirit, the awareness among our Healthcare providers going towards providing SC type of services in Malaysia. Hence there is no choice other than for us to move from IFH to more systematic SC certification.

A.2.2 Benefits of being *Shari'ah* Compliance

Since we started implementing the IFH, we notice that SCH framework definitely will give a very significant paradigm shift to our organisation because through our experience in implementing IFH we noted that not only we can fulfil the need of the patients, we observe there is service improvement in term of ethics, in term of values in our Healthcare providers. This improvement will certainly benefits us because we are always in the process of improving our service in term of values. There is always the perception from the public that government sector should improve their services along with the redevelopment of Healthcare services throughout the country.

Actually the certification is important for us in term of providing the platform for human capital development in term of cultivating the Islamic values which we understand that the values even though we can call it Islamic values but we can portray to the whole humanity that actually it is not about religion but it more about universal justice. We hope the certification in a way will drive the Ministry or Healthcare provider towards positive development that enhanced by the universal values.

A.2.3 Preparation for Certification

At the secretariat of IFH at Ministry level, we oversee the implementation of SCH. It is quite challenging for us as the government provider but Dato Dr. Khalid has repeatedly advised us that we prepare ourselves with the documentation first before we announce because usually the top management of the Ministry would like to see the framework first and how practical is it to be implemented in the government agency. By this our preparation is bottom up where we prepare the certification for IFH but the framework is actually towards SCH. We also train our staff along that

objective and we expect this preparation will go within this two years before we are ready for certification. MS 1900:2014 offered by SIRIM is more than enough for us to implement since its coverage is quite comprehensive not only management but also the core process of our service. On top of that we are also working closely with JAKIM in establishing certification. This is just an internal certification by JAKIM and MOH to rate our facilities in line with our *Shari'ah* certification but the ultimate certification still by SIRIM.

A.2.4 Challenges

The most significant challenge that we are anticipating is the understanding by the staff themselves because they would like to know what the significant changes are when we have *Shari'ah* or Islamic way of doing things. This has to be carefully charted out by slowly promoting IFH. When we talk about IFH always we remind ourselves on the point that IFH will not stop as IFH but we are moving towards very systematic approach or systematic certification of Islamic values of Healthcare especially in the government sector.

In the establishment of the IFH program we are getting more takers for IFH. Even though we have 146 facilities, we only have 55 *Pegawai Agama* (Religious Officer) from JAKIM and there are 6 hospitals without *Pegawai Agama* are also taking part in implementing IFH. As for the task force, we are ready 60% for certification. However we need to be more thorough in term of preparing the documentation.

A.2.5 Significant Contribution

Alhamdulillah actually with the implementation of IFH and going towards SC, we are happy that all the program actually lead us to the important implementation of Islamic values which were not existed ten (10) years ago. The certification program with present IFH will provide job satisfaction for those who uphold Islamic values while being employed as Healthcare providers.

A.3 International Islamic University Malaysia Medical Center (IIUMMC)

The interview was conducted on 20th December 2017 at the office of Prof Dr. Ahmad Hafiz Zulkifly, Director of IIUM Medical Center Kuantan Pahang Malaysia. He is directly in charge of all activities of the hospital.

A.3.1 Factor for Motivation towards SCH

By the name IIUMMC itself is already a part of our system that we have to implement this *Shari'ah* hospital. Since our niche area is Islamic principle and what the University's vision and mission is to have Islamization in all the activities in the University.

A.3.2 Benefits of Being SCH

The benefits are mainly to the new staff due to cultural transformation. Most of the senior staff have gone through the system of *Tarbiyah* at the university where all teaching academics staff must have gone through the post graduate training, which covers that *Shari'ah* education. This is compulsory to all academic staff.

A.3.3 Preparation towards Certification

IIUMMC is in the midst of preparing documentation for certification. Specific workshop was held in 2016 and we are having awareness program. The document preparation is expected to complete by June and we will proceed to submit the application for the *Shari'ah* compliance in July.

For staff training we organise every four (4) months, this is inclusive of *Fiqh 'Ibadah*, communication skill, smile and *Salam* and also team building. These also include the ISO and MS training plus the *Jenazah* management. We have identified 146 documents to prepare for the certification.

A.3.4 Challenges

In IIUM Islamisation program is directly under me as the Director to implement. As part of the team, my assurance that it will happen. The academic staff has the *Shari'ah* education program and similar program will be extended to the support staff. For the administrative staff and the professionals, they have their *Usrah* program to complement.

Continual improvement of staff skills is part of the staff guideline book *'Panduan Pesakit Ibadah'*. Another book is soon released for the *'Panduan Perawat'* training guide. The books are being prepared by CENTRIS Centre of Islamic Studies IIUM. Besides being certified *Shari'ah* compliance IIUMMC is looking at Green hospital as another Industry Award. IIUMMC has submitted application to Construction Industry Development Board (CIDB) and CIBD has allowed IIUMMC for about a year to complete the preparation for certification before May 2018. Besides *Shari'ah*

compliance, IIUMMC has also complied with environmental requirement. This will enable IIUMMC to receive incentive up to 60% discount on electricity bill if complied. The hospital maintenance was also based on GBI Green Building Index which has already been incorporated when they built the hospital.

The present organisation structure has taken care of the requirement for the *Shari'ah* Advisory panel however the *Shari'ah* officer has yet to be recruited.

A.3.5 Significant Contribution

As a teaching hospital that is SC, IIUMMC is able to be a model in providing the SCH market with trained staff for both in the medical fields and also the Allied Science. IIUMMC can also issue certification for courses or training related to SCH and this is a significant contribution since at the moment the SC training is only limited to IFH hospital.

A.4 Al Islam Specialist Hospital

The interview was conducted on 16th January 2018 with the presence of Dr. Ishak Mas'ud, Executive Director of Al Islam Specialist Hospital (AISH) Kuala Lumpur at his office. He is also the President of Islamic Consortium Hospital Malaysia. He is the founder of AISH which is a private hospital. From being an academician Dr. Ishak Mas'ud resigned from UKM to be a fulltime medical practitioner and entrepreneur in 1996 to establish Kampung Baru Medical Center (KBMC) which was later renamed as AISH.

A.4.1 Motivational Factor for IFH

As the ex-President of Islamic Medical Association of Malaysia, IMAM, I had the opportunity of knowing people who were actively working for Islamic organisation and they became my mentors. There was an opportunity for me to visit Islamic hospital in Jordan in 1991 and that really an eye opener to me. On returning back, the thought of having similar set up in Malaysia started to linger in my mind and that was how the plan to set up KBMC started.

A.4.2 Benefits of being IFH

Being a specialist I should be able to contribute more to the society especially in the Islamic work. Having a hospital on our own, the contribution to the society will be much more and it will be the base for my *Dakwah* work especially in the field of medicine. I believe this great opportunity that Allah has given me initially from general practitioner to consultant and specialist has widen the horizon to contribute more through this hospital.

The combination of a business entity together with our *Dakwah* work with the aim of getting *Mardhatillah* would be a great blessing from Allah. This will be a model to show to the public that you can still continue to be Islamic via a business entity. This is where the IFH role is important to demonstrate that Islam does not inhibit your medical practices. In fact the medical practices is part of *Dakwah* to the patients.

A.4.3 Preparation

After returning from Jordan, with friends and the backup of ABIM and also prayers from friends, I managed finally to establish KBMC although it was an uphill task. This

was because not many people trusted us initially due to lack of experience. I cannot blame them. Furthermore it is not cheap to set up a hospital, what more when we were academicians and no bank was willing to fund the project. But with commitment and determination Alhamdulillah we received the support from *Koperasi Belia Islam*, ABIM Cooperative outfit, the hospital started its maiden operation in September 1996. The Islamisation program that was carried out is what we call *'Ibadah* friendly. All the SOPs introduced in the hospital pertaining to patients has been Islamised. In a subtle manner we call it IFH rather than Islamic hospital until we were ready. This is to avoid any backlash due to the name Islamic. Hence our gentle approach was successful when we changed our name to Al Islam Specialist Hospital after 12 years of IFH.

A.4.4 Challenges

Most of them who joined us, they understood what our program, our management style they accept it although there are some who could not follow but generally most of them accept it they conform to our rule so call law by law generally Alhamdulillah they accept it in good manner and good faith and they know our aim, our vision and mission so that has not been a problem for us.

We took many years because I think you know it was new, with IFH we want to develop the culture, the Islamic culture and also carry with the Islamisation program at all level and not an easy task and needs to be constantly reminded monitored and improved as we go along.

In 2006, we know that we are almost ready we got the basic things ready, the staff are ready, the heads are ready that was when we launched the IFH and after that we really

make sure the things are progressing mainly the staff program, training and staff assessment and it became part and parcel of Human Resource, HR program. Also with that we started our reward system Key Performance Indicator, KPI and after visiting other places other part of the world and Indonesia I guess that was the time we have we start the SOP in place properly all this things.

In term of challenges, we faced a lot of challenges first, first on the financial of course but that everybody will face that we don't have god father or big brother we only have small brother. That is number 1 then number 2 is to have doctors who share the same work life, the same thought, same mind set, same *Fikrah*, the same aim, same vision, mission and it not easy because after they become doctors after five (5) or six (6) years then the idealism will change and idealism for money. With our program of *Usrah* on regularly, that helps a lot I mean we are not saying we are perfect but it helps a lot in reminding each other, we have program together we make sure the *Sillaratulrahim* is good of course, we still have a lot of room for improvement but at least we can work, we can talk to each other, you may have different opinion but that should not be obstacle to our bigger mission in our life.

Other problem are the staff because if you look at them many of the them, they are not exposed to Islamic culture they are not Islamically orientated, understand Islam as a way of life so we need to train and mould them make and them understand and that is why one of the challenges, many of them will leave the place not only they have to work here, they have to take part in the activities in line with the of our activities, some of them are not used to it, they don't understand the importance, and it is a burden to them on top of their normal work whereas in actual fact it is good for them whereas in

our culture we work for the sake of getting money but we want to change the mind-set that work as part of *'Ibadah*, our *Amal* for everybody. Fifteen (15) years, we never give up, there is no such thing as perfect for us we know that we have to continue the commitment and continue to improve as we progress, we must show Islam is the best, this what is all about as *Dakwah* program Islam is *Rahmatan Lil Alamin* we have to translate it and we hope many doctors will come in and share our work, there are more things in Islam and Islam is wide, the message is small part we have not got the message to all our brothers we go all over the country, we go many parts of the world, the challenge for us is to get over to the doctors so we hope that there is some changes to the next future generation then we can get more the message across doctors and consultants, hopefully they understood it will be easier for us if they don't understand it, then they say this is IFH program foreign to them they are not part of it whereas it should be part and parcel of their life, every doctors every medical practitioners, every medical workers in the hospital, and the responsibilities is our responsibilities not only management.

A.4.5 Significant Contribution

Under the auspices of Federation of Islamic Medical Associations, FIMA, a lot of experience sharing was extended with other part of the world. However the highest achievement was when the top management in the Ministry of Health Malaysia was convinced to adopt IFH as part of Ministry of Health (MOH) program. When the new Director General came on board, KHIM collaborated with MOH and in 2014, IFH was established as part of the program in the MOH. Alhamdulillah this is a major breakthrough it is hope that many more people will realise especially the Muslim

themselves, the message behind the IFH so that better services through closer to Allah are extended to everybody.

The move towards SCH started through understanding of IFH in the private and government Healthcare providers. The private sector was initiated by Al Islam Specialist Hospital strongly by its founder Dr. Ishak Mas'ud whilst University Science Malaysia Hospital initiated IFH for the government sector. However it was officially launched in 2014 as part of MOH Malaysia initiatives for the whole Ministry when the new DG supported the whole program. The program has taken nationwide activities when it is part of Ministry and the effect is widespread and till to date already 61 hospitals which is about 41% has progressed at different stages but the move has very well taken up by the respective hospital.

In the private sector the take up rate is slow although it is with less bureaucracy to initiate such program. Islamic Hospital Consortium of Malaysia (KHIM) has carried out a lot of program on IFH concept and practices. Training and workshop were conducted to member hospitals.

A.5 Pusat Rawatan Islam, PUSRAWI Hospital

The interview conducted on 2nd April 2020 with the presence of Hj Husni Mohd Shukor, Chief Executive Officer, Pusat Rawatan Islam PUSRAWI, Kuala Lumpur at An-Nur Specialist Hospital office. The Board of Director of PUSRAWI engaged him from April 2019. Presently PUSRAWI is '*Ibadah* Friendly Hospital and also a member of the Konsortium Hospital Islam Malaysia, KHIM.

A.5.1 Motivational Factors for *Shari'ah* Compliant Hospital, SCH

The factors that motivate PUSRAWI to be *Shari'ah* compliant are that PUSRAWI itself is under Majlis Agama Islam Wilayah, MAIWP. The public assumes that PUSRAWI is already a SCH, which is not. PUSRAWI is only *'Ibadah* friendly. So, the matter has been discussed in the Board of Directors to get the *Shari'ah* compliant accreditation and Alhamdulillah it was approved last year. Many other factors motivate PUSRAWI to be a SCH. You can divide it into two, and I supposed, internal module and external. Of course, the first one is the Islamic belief. Being a hospital under MAIWP and most of the policies of PUSRAWI is very much Islamic oriented. For example, insurance where you cannot take any conventional insurance. It must be the bank account that you open. I mean, many things are already in line with Islamic beliefs. Alhamdulillah, so this the one step that I suppose to be more severe on this matter. You have to get the *Shari'ah* compliant accreditation. Among other things, we hope by being *Shari'ah* compliant, because there are many aspects to *Shari'ah* compliant, we hope we will improve our service quality for the patients. Of course, the patients' safety is the most important thing that we have to take care, and we hope to improve our work procedures based on Islamic guidelines. And we also try to reduce adverse incidents that happen in the hospital. It is not only in *Shari'ah* but in general. For the external motive, 95% of PUSRAWI patients are Muslims currently. For market trend, as much as we want to open to non-Muslims, the niche for PUSRAWI is very much for Muslims. So, by being a SCH, we hope that there will be an added value to PUSRAWI to become *Shari'ah* compliant. And we hope that with it, it will increase, more patients will come to PUSRAWI, especially when they know it is *Shari'ah* compliant. And also, the image of course. We want to have a model that PUSRAWI is not only *'Ibadah* friendly but a full SCH. As I have said, the BoD also wants that. As

far as MAIWP is concerned, this is in line with their policies anyway. So, these are the motivating factors.

A.5.2 Benefits of being SCH

There are a lot of benefits that we hope to achieve, insya Allah from being *Shari'ah* compliant. First of all, the critical thing is governance, revising the practice of doctors amongst the doctors, the nurses and all the staff of PUSRAWI to be more *Shari'ah* minded, more ethical, because it based on halal and haram. It is more *Shari'ah*, so the doctors will not charge for things which are not suitable. Now, for example, the doctors will charge for procedures which are not required. It is very much against *Shari'ah*. So, the governance and enforcement of Islamic values which is already there in PUSRAWI, Alhamdulillah. But we want to reinforce. Not only for example, now we have the policy of wearing hijab which is good. Sometimes people *Tabarruj* and between staff the male and female, they are not very careful in separation. So, we hope to enforce Islamic values in the operation of the hospital, and of course, we hope to get customers' satisfaction once they know that PUSRAWI is a fully SCH. The policies, the governance, and the patients especially are happier as a hospital under MAIWP. It's also essential and we hope to transfer the culture, which is difficult in any organisation. So, by being a SCH, we hope to slowly move the culture to a new Islamic culture, more *Barakah*. It is *Barakah* that we desire in our operation. And also the market positioning because in Malaysia, so far at the moment we only have one SCH example An-Nur. We hope that by becoming another SCH that will be more advantageous for PUSRAWI to be in a better position, and better income in that sense. Allahualam.

A.5.3 Preparation

There are so many things to consider because, under SIRIM, the requirements are quite stringent. It's very comprehensive to achieve compliance and accreditation, and the management has to be ready from top to bottom and down to top. They have prepared. Among other things are the resources which of course involve the human resources, infrastructure, the funding and training for the staff. And the step that we have to be ready is the findings. I mean the policies. These are essential things. The systems of the hospital must transform. They must get prepared to Islamise the policies of the hospital. It also involves the documentation policy. Documentation files should be quite significant and is an enormous task to do. And among the significant issues is the gap analysis. Now the BoD is ready, i.e. they agree for the hospital to become *Shari'ah* compliant. Not only that, but the doctors must also prepare, the staff, the nurses, the clinical and non-clinical staff, the support staff, the Admin staff. So, they need to understand. It is the key, so, we have to make them know what it means by becoming SCH.

Documentation is one big area that needs to be there. Secondly, of course, staff training. SIRIM and even other companies in the market have offered to train our staff at a different level, to prepare for the *Shari'ah* compliant. Of course, internally, the Internal Auditors, the Admin, they must be all be trained. The Internal Auditor of the company is the one who must check that the system of the company is in order. So, these people must know what the *Shari'ah* critical points for each department, clinical and non-clinical that are related to *Shari'ah* compliance are. They are the ones who will audit internally before the external auditors come. So, these are among the preparations.

A.5.4 Issues and Challenges

The first thing is the staff issue. That's why we start with the BoD. Before bringing it up to the BoD, we discuss in the management meeting, for example, the response was not very good. Some staff asked, why we need that, we are already *'Ibadah* friendly, what more Islamic do you want. Our account is Islamic, and we don't use the conventional account, we have hijab, we have *Azan*. So, when this issue brought up to the BoD for approval, the BoD decided YES with a clear mind. Yes, we want this. So, we informed the staff that we have to do it whether you like it or not. So, that's the challenge and also the attitude.

Some doctors are not very happy with this. Luckily at PUSRAWI at the moment we are all Muslims. Even with non-Muslims, Allahualam, maybe even more significant challenges.

Other challenges, of course, are in terms of resources. We have to be financially ready, staffing, documentation and everything. And of course, the leadership challenges. At the moment the BoD wants it, and myself Alhamdulillah wish to go for it. If the *Shari'ah* compliant certification not achieved this year, and by next year, maybe there's a different CEO, I guarantee that this will continue. Because the policy of PUSRAWI now is that every two years, they will change the BoD, and they will change the CEO.

So, in terms of leadership, these are the challenges. If you don't achieve *Shari'ah* compliant within this time, there is no guarantee it will continue with the new leadership. Of course, there are other challenges like the work culture. Some of the

work culture in PUSRAWI is not very Islamic. So, to change that culture and attitude will be very difficult, a lot of resistance. Of course, the financial cost is one of them as well.

A.5.5 Implementation of MS 1900

In my understanding, the *Shari'ah* compliant by SIRIM is very comprehensive. It's not like the JAKIM *Halal* and *Haram*. When I see the concept of MS 1900, it is extensive. It covers the whole aspect of the organisation, involving the policy from the organisation, from the work culture, from the staffing and the documentation. So, I think this is an excellent accreditation, very comprehensive done by SIRIM compared to others. And I cannot find other accreditation, certification as comprehensive as MS 1900. So far at the moment. I think towards the implementation of MS 1900 *Shari'ah* compliant. Alhamdulillah first of all we are very happy since we have An-Nur which has already path the way. We have a very close relationship with hospital An-Nur. InsyaAllah you will be our mentor and this is what is happening in PUSRAWI now. So, we hope An-Nur can play a very vital role in helping us towards this accreditation. Secondly, the training part. Since now, the staff do not understand the meaning of *Shari'ah* compliant.

Many staff in PUSRAWI think that we are already *Shari'ah* compliant. To them, *'Ibadah* friendly and *Shari'ah* compliant are like the same. So, this is the understanding part which comes with training. Hopefully, we can start the proper training by consultants maybe from An-Nur or other consultants that can guide and give us a real understanding of the concept, the principle of this *Shari'ah* compliance. The management must understand the concept, and they must commit to implementing

it. And then to be slowly communicated to the staff .i.e. form top-down. There will be a challenge there with the work commitments. There are about 400 nurses. They are already busy with their work. But we must overcome these challenges. We communicate well to the staff. Of course, we hope it will come with a proper reward system for that. And hopefully, that will be the path towards successful implementation for PUSRAWI InsyaAllah.

A.5.6 Significant Contribution to Hospital

After certification, the first thing what we hope, InsyaAllah this is our *Jihad* to get *Redha* Allah, and this is part of the *Amal*, our '*Ibadat*. Secondly, after the certification there must be continuous staff development because staff come and go. Especially for the old team, the present staff, they have to improve the relevant skills. And of course, when new staff come in, they have to be trained on how to work in a SCH. It is important. We hope this is a catalyst for further excellence and innovations in quality management in the future. Maybe we could award with recognition, financially, for example. After getting the certification, we hope that the performance of the hospital will be better on the management side, our performance financially also, InsyaAllah.

The Islamic management system is according to the *Maqasid Shari'ah*. So, *Maqasid* itself is very wide and based on the five (5) essential principles. We hope that this will provide solutions for the *Maslahah Ammah*, for the broader as opposed to the *Maslahah Qasah*, the specific ones. So, we hope by having this *Shari'ah* compliant, and it will improve not only customer satisfaction, but because of the *Maqasid Shari'ah* principles, it has also to focus on other aspects of the *Shari'ah*.

Alhamdulillah, I think at the moment PUSRAWI being an '*Ibadah* friendly hospital, and also a hospital wholly owned by MAIWP, the *Majlis* always demand *Shari'ah* compliance in their Admin. So, in that sense there are, in terms of their policies, there are many policies at the moment which are I would say Islamic. In terms of there is azan in the hospital, there is *Ustaz* going around visiting the patients and make *Dua'* for them. But I believe when it comes to *Shari'ah* compliance implementation, it must be more than that. Among other things, the understanding of the *Shari'ah*, of the *Maqasid*. It has not been stressed at the moment. Some principles of *Halal* and *Haram*, yes, they have already been done in PUSRAWI. A broader principle of *Muamalat,* yes, like you have to open an Islamic account by Bank Islam. Each staff must open an Islamic account, for example. But broader than that, the Islamic principle of *Muamalat* is much broader. The understanding of quality, culture. There are many aspects. The core Islamic values are still lacking at the moment. We hope by having this *Shari'ah* compliant, it will expand the attributes to a more significant scope.

Yes, so this is the difference, i.e. the intrinsic value, not only something is *Zahir* but something *Hakiki*, the real intrinsic value. That's why when it comes to the policy of PUSRAWI, for example, every staff must *Tutup Aurat* that is the policy. But then in PUSRAWI they *Tutup Aurat* but they don't pray. Secondly, they still *Tutup Aurat,* but for the ladies, they still make up, *Tabarruj* and wear very tight attire. And mixing, for example. It shows that on paper it's nice but the real intrinsic value, these are the challenges. These are the things you hope *Shari'ah* compliant will instil. The *Maqasid* is in the system.

A.6 University Putra Malaysia Teaching Hospital (HPUPM)

The interview conducted on 7th May 2020 through telephone line with Dr. Haji Muhammad Mohd Isa, Director of UPM Hospital Kuala Lumpur. Presently HUPM is pursuing '*Ibadah* Friendly Hospital and has organised IFH Seminar on 24th November 2018.

Interviewer: En Shaharom Md Shariff

Interviewee: Dr. Muhammad, Director of UPM Hospital

Interview through Phone Due to Covid 19.

Time: 10 am

Date: 7 May 2020

Interviewer	Al Fatihah recitation. Assalamualaikum WBT thank you Dr. for giving the opportunity to be one of the participants for this SCH framework interview. This is part of the thesis requirements and we have chosen UPM hospital as one of the participants. This is a teaching hospital. Dr. is the Director of the hospital, I understand? So, you are also in the program going for *Shari'ah* compliant or *'Ibadah* friendly initially, and then towards SCH?
Interviewee	Yes, I am the Director. Just started but not completed, and not much has established yet.
Interviewer	OK at least you have the road map kan, InsyaAllah.
Interviewee	Ya InsyaAllah.
Interviewer	What motivates the teaching hospital, for example, UPM wants to along this line from *'Ibadah* friendly towards *Shari'ah* compliant?

Interviewee	A lot of reason. One of it is my father's wish as a Muslim majority community, we would want to adhere to the *Shari'ah* compliant requirement. However, since this is a government hospital, there are multi-religious patients. In some sense we have make some changes and to ensure that people don't get offended since some don't understand. But whatever it is, if follow Islamic teachings, InsyaAllah it will not have any bad effects on the non-Muslims. But because with the understanding we have to do it, we have to do lah. From the experience from other hospitals all that we can see the benefits of *Shari'ah* compliant. So, there is something for us to implement it in the hospital.
Interviewer	The problem is the awareness of what is *Shari'ah*, because if the understanding of what *Shari'ah* is, is proper, everyone in that institution carry out the *Shari'ah* requirements, then the non-Muslims will get the fairness, fair price for example. So, there is no discrimination lah?
Interviewee	Right do not speak non-Muslims only even the Muslims pun some do not understand. So, we to slowly since this is something new, not really acceptable. But it won't cause harm or disadvantage to the non-Muslims. So, there is nothing like we should not do it. Right it will be more advantages to them. When the Muslim too do not understand we have no worry to implement.
Interviewer	We have to educate the Muslims first. But how do you see in terms of benefits to the organisation, Dr?
Interviewee	*Shari'ah* compliant, there are many areas on management, on procurement, consider the overall. When I say about management, include also on the procurement, administration of the hospital, investment dia. All those services that we provide all should be *Shari'ah* compliant. Sorry, I am not very well versed about this, so I try to answer. Sometimes my answer might not be correct. You may correct me.

Interviewer	Ok Dr. In terms of medical practice, do you see unfairness, issues yang maybe not in your hospital but you see from other hospital. Your experience in other areas last time maybe. How do you see these issues has occurred?
Interviewee	Not really very obvious because things are quite subtle. Sometimes we do without noticing it actually it's not *Shari'ah* compliant, something like that. In medical, in terms of patient management, if we do not follow the religious teachings we have the say to determine which patient gets the Guarantee letter, which patient gets this specialist treatment. If *Shari'ah* compliant I would assume that these all will be covered and we should be fair for all patients regardless of their religions.
Interviewer	If like private practice, sometimes they go for profit oriented, so sometimes unethical practice do have. Sometimes he did one procedure only but they will charge for three procedures, for example. So, those issues are unethical which are against *Shari'ah* if he practise *Shari'ah* governance. These have to be highlighted.
Interviewee	Yes, doing unnecessary procedure because you want profit and force patients to undergo such testing. If we go into details like values really it's not right.
Interviewer	*Shari'ah* compliant Malaysia we have MS 1900:2014 at the moment by SIRIM. It stated *Shari'ah*-based QM system. There are three important items. Basically, it is taken ISO 9001:2015 but the difference ISO 9001 between MS 1900 it three basic items in MS 1900. First the principle of *Halal* and *Haram* has to be clear i.e. any organisation they to understand the principles of halal haram. Second they must have a value system, universal values like ethical, professionalism. That sort of things yang people value. The third decision it has to based on *Maqasid Shari'ah*. That's the major three big difference must have in MS *Shari'ah* compliance. Whereas ISO is more towards customer satisfaction, to maintain the quality. So, how

	do you see Dr, your organisation will safeguard *Halal Haram* tu. To non-Muslims maybe we lose a bit, example if they come to the hospital in non-compliant dress but have to put up decent dress. So, how do you see in your hospital on the three items?
Interviewee	There are items that we can enforce on the non-Muslims like attire. But in general Malaysians are not acceptable to that. Even Muslim that is not covers with *Scaf* if you tell them to wear *Scaf* they will get annoy is nothing wrong to implement and then we will have to divide between Muslims and non-Muslims. Non-Muslims that come not necessarily they have to cover their heads, but they must wear decent not eye catching. . She does not need to cover *Aurat* they are non-Muslims. If we want to implement that one, decent dressing not eye catching. But from *Maqasid Shari'ah* or from Islamic rules and regulations we will have to implement on the Muslims, not only attire that we have to implement the principles of Islamic teaching in the hospital punya setting. The laws has to be followed Muslims but we cannot force them on the non-Muslims. That is why like what I said being a government hospital there is no Islam label to the name of my hospital, I will have to do it moderately. Cannot seriously enforce on everyone; all must come wear *Hcadscaf.* We have to do it slowly, if not then people get defensive, we won't be able to implement at all.
Interviewer	If in terms of customer satisfaction, ISO is more on quality. But on *Shari'ah* compliant this has *Shari'ah* ethics. For example if the patient personally requested items not right unethical like Medical Cert. So, how do you see this sort of thing? For the sake of customer satisfaction, you can still do it sometimes. If *Shari'ah* it's against *Shari'ah*, forbidden items and not the right things.
Interviewee	Like I have said during initially you need to, it won't be visible like straight away. But on certain things we can be strict.

	Example like plastic surgery, which can be for treatment purposes, but if you do a little bit more, he is changing the creation Allah SWT. We have to see, most doctors are non-Muslim. If the doctor is a non-Muslim practicing in my hospital, then I can educate and try to discourage, but we cannot mention that she or he cannot do because she or he is not a Muslim does not believe. If she or he does it to non-Muslim patient we cannot stop. But if a non-Muslim doctor on a Muslim patient then we can educate. But if for example a Muslim, and we cannot Muslim and the patient is Muslim, then we have more say to say No.
Interviewer	In that sense it has given a certain roadmap towards Islamic requirements, at UPM. In teaching module of Medical students, do you have areas on Islamic ethics or this sort of thing?
Interviewee	So far not yet on Islamic *Shari'ah* compliant but from ethic point of view is already there because we already have non-Muslims that are in practice, the ethics is very important for us to follow. So, ethics like for Muslims or non-Muslims suppose that we are required to follow. Only whether they follow or not.
Interviewer	In term of pharmaceutical sometimes no classification, whether can be consumed if there is no alternative.
Interviewee	If on drug it's not really practiced in Malaysia, example to identify this is *Halal* or non-*Halal*. The pharmacists are mainly non-Muslims. Now they are quite aware. If we go out there to external pharmacist, they too knows which *Halal* and non-*Halal*, which has bovine. It is much easier but certain things are new it can be difficult so need to observe) pharmacists who are Muslims and who understand. But from what I observed pharmacist many Chinese, depends also on the Heads.
Interviewer	So, in your case often there are a few components, example management, consultant, and then staff. So, when you introduce something new, exist like culture transformation like

	Shari'ah compliant, the nurses themselves have to be trained, their own clinical practices need to upgrade. But at the same time, they have to undergo Islamic education or understanding on *Shari'ah.* How to manage patients, for *Solat,* for fasting, understanding of *Adab.* How do you see this, is it going to be a burden to the nurses especially the clinical?
Interviewee	Alhamdulillah I could say that the current situation, the nurses, the paramedics are different from what we used to know from the government office. They feel appreciated that they are being selected to work in HUPM, since difficult to find job. So far quite acceptable, like when to implement, they are quite open and then like dress, those who request, to wear head *Scaf,* pants and also cover the chest. And like I want to implement *'Ibadah* friendly hospital they are very eager to start, maybe not all but the committee, the pioneer. InsyaAllah okay.
Interviewer	Itu satu group, what about the consultants, normally they have not much time to educate. If they understand then a bit easier, for those who do not understand maybe problem.
Interviewee	At HUPM not many, that do not want to follow, basically many are quite young or those of my age. Only one or two who are cold but at the moment ok if can give them the benefit and understanding. And then the doctors do have the Islamic awareness. They themselves suggest to me to do all these things. Alhamdulillah the younger generation is quite aware now.
Interviewer	In terms of management group you are leading them, you are full-time kan as a director?
Interviewee	Yes. Presently. In terms of management I try to include everyone, including the non-Muslims juga. When we do something on description we are aware of their beliefs, their culture. So, they do not resist to what we want to do. If there is feast I make it a point to make sure the non-vegetarian foods are being served. At HUPM we also have the *Surau* and I have

	multi-faith prayer room for non-Muslims. So, do not feel marginalised when we be fair, so they won't resist. This thing we do so they won't have any disadvantage on them. Perhaps if we did not do it well they become defensive and resistance. We have to be fair. For my Deputy, I try to get one non-Muslim in and for post lain, if the non-Muslim is the rightful person to fill the position, we will let them in. We do not discriminate in terms of religion and ethnic group. So, if we are fair on that one InsyaAllah they all also will understand.
Interviewer	So far for *'Ibadah* friendly, you have formed a Committee, roughly what is the plan they have carried out, some areas of activities?
Interviewee	So far not much. During the design stage of the hospital I tried to propose a small *Surau* at every level. I governed by higher authority so only one *Surau* because I have to follow a bit difficult for patients but they have to perform on the bed itself. We provide prayer mat and the direction of *Qibla.* InsyaAllah next year they will start using that Islamic compliance uniform. And then we have the call for prayer at every prayer time, *Dhuha* prayer, prayer for starting work and end work, *Qibla* direction and provide *Tayamum* facilities, prayer books. Qur'ans are placed where easily seen. Then we monthly Islamic talk, we have planned not implement yet.
Interviewer	Basically, the framework I'm trying to build seven components. Three components yang *Halal, Haram,* value system and *Maqasid Shari'ah.* Those are the core systems presence in the framework. The other the four pillars, 1. On your SOP which must have *Shari'ah* critical control point (SCP) i.e. items to mitigate risks. One example if a surgery goes beyond eight hours, he can offer *Jama'* prayer, to reduce the risk on not performing *Solat.* In the SOP itself it is written as reminder not to risk of not performing *Solat.* You have to plan your surgery so as not to interrupt your *Solat* time. But if

	it is emergency ten there is the option to perform *Jama'*. Then need to recite the *Doa* before surgery'. Another example is if a man and a women then there must be a third a person. Letter of consent is to be completed as part of SOP too. Basically, it's clinical procedure and to carry operation procedure in hospital the SOP everything must be clear. But in SCCP is in-built in the SOP that has evidences. 2. Another is on the training and development of the staff. Earlier example like, *Usrah,* knowledge talk, to upgrade their knowledge on Islamic awareness. There are also. 3. The attributes, i.e. the workplaces facilities like *Musolla* and also facilities for tayammum, 4. On technology and system. How do you see this Dr? For *'Ibadah* friendly or *Shari'ah* compliant hospital, it has to be systematic, modern and utilises technology. Or else it has inefficiency. HUPM is a new hospital so surely the facilities are modern and up-to-date, IT etc. On IT, the technology side, how is the implementation? We still keep up to date with technology. We do not want the image that we are up-to-date.
Interviewee	In terms of the basic IT and equipment yes everything is in place. But specifically, towards *Shari'ah* compliant it is not yet there. I have to learn from Tuan Hj Shaharom.
Interviewer	We are going towards *Shari'ah* compliant and to show that *Shari'ah* compliant is a standard and has high quality and also we are going towards digital hospital.
Interviewee	Are there specific for *Shari'ah* compliant or in general?
Interviewer	Basically, it's general but the only thing is that we provide PACSYS, which is a patient care system. Bedside terminal, at every bedside there is a terminal. When the Dr. come and visit the patient. We have explanation of PACSYS on our FB. This means the patient can access his own terminal. We have built in SALAM Web, to prohibit browsing on non-halal websites. In that sense this is *Shari'ah* compliant. There are two components 1) SALAM web is from the UK, we have a special

	arrangement and we just download, and 2) PACSYS is developed by us. IP has been registered.
Interviewee	The bedside terminal I came across when doing my training di UK years ago. In UK, I observed it has become white elephant because there the patients have to pay. I was there in 2006. To implement these sort of items in HUPM, under government project not possible. In private hospital easily done, okay. The normal medical equipment is okay if required to upgrade.
Interviewer	In your case you are using technology in terms of workflow?
Interviewee	Yes, the standard ones. In fact our IT system is still in process of implementation but our final aim is to be a full IT hospital.
Interviewer	Any comments or challenges Dr in bringing towards *'Ibadah* friendly institution?
Interviewee	This is considered *Dakwah,* and in any form of *Dakwah* you will face obstacles. Need patience. One good thing is we have applied to have this in place and currently have built a small group of staff and InsyaAllah things will be moving forward. If before consider only ROI only, if we do other works we tend to forget. But now we have medical officers for Quality. Then we brought in the Committee, all InsyaAllah. As a government hospital we have to follow the procedure, need to follow procurement process. We cannot give up. InsyaAllah we should try to follow through.
Interviewer	We also have the same experience. It's not easy to construct a hospital with so many components and to commission to put up in service, truly not easy. Every level we have to test, the IT the electricity, all these equipment. It needs a strong guy actually. Being meticulous and diligent to go through all those phases. Once commissioned you feel very satisfied.
Interviewee	Like this hospital there is political intervention, like procurement for example. In the end we will try we are not high level guy, we try to oppose. We succeed, or else we just follow, we utilise whatever we have. We do it to please Allah. We are

	faced with the challenges. We try with our utmost effort. If we cannot we try other ways. For example to get a *Musolla* at every level, to make sure there is a *Surau* at every level'. But eventually we still obtain a small room for staff. For patient there are patients enter the *Musolla* but there are also not ready. I should learn from you Tuan Haji.
Interviewer	I'm preparing a PhD for public to understand. Something to contribute submit to journal. Now in the process of plagiarism test.
Interviewee	InsyaAllah good intention Allah make easy for you.
Interviewer	TQ Dr for all your contribution. We close our meeting with *Tasbih Kifarah*. Assalamualaikum.
Interviewee	Waalaikumsalam.

A.7 An-Nur Specialist Hospital

The major findings from the Interviewees can be summarised up on the followings:

A.7.1 Human Resource Management

This dimension allows to review the human resources especially on nurses, support staff, paramedical staff and administrative staff. It also focuses on clinical improvement, role of physicians in health management by involving them more closely in health service management, in addition to their traditional role as care givers. The new paradigms in clinical care delivery, physician's views on health care practices and doctors' perceptions of quality and physician satisfaction were also being discussed. Focusing on the role of the workforce in Healthcare, the interviewees stressed that the effectiveness of a hospital is very much dependent on the quality of services delivered, and the work effort expended by its employees.

A.7.1.1 Selection of Staff

The process started with the selection and interview. With SCH requirement, the selection is very much based on general knowledge of Islam. The ability to read the Qur'an becomes one of the criteria. Research has highlighted the importance of proper selection and recruitment in the service sector. A study by Newman, Maylor and Chansarkar (2002) conducted on nurse retention indicated that there are interdependence between service capability and quality, nurse satisfaction and retention and patient satisfaction.

A.7.1.2 Staff Training

The other important factor in establishing SCH manpower is providing training practices to ensure that the staff is equipped with the right skillsets to face the job demands, especially in critical areas such as Intensive Care Unit, (ICU) and Operation Theatres in the hospital. Those staff are equipped with Post Basic Training as part of recruitment requirement. Besides there is a need for continuous training on *Shari'ah* practices for the staff in the areas of patient care services. The main aim of any training program is to provide instruction and experience to new staff to assist them to attain the required level of performance in their jobs, within weeks and economically. As part of the fulfilment of training hours annually, nursing staffs are recommended to be trained at all levels in the organization and it is a requirement to improve quality. The main purpose of the training is to develop capabilities to improve their performance in their present jobs, to learn new technologies or procedures and to prepare them to take up on increased and higher responsibilities in the future. At An-Nur Specialist Hospital it is found that the training of more posts as well as flexible allows family friendly working practices as to improve nurse retention and satisfaction.

A.7.1.3 Staff Participation

Any quality program can only succeed with the active engagement of all the employees. Several studies have highlighted what exactly constitutes employee involvement in the quality initiative. Lord and Lawrence (2001) explained how employee involvement is reflected in organizations. When Healthcare operators are responsible for detecting, recording and solving their own problems, usually in small groups. Bradley, Holmboe and Mattera (2003) identified factors related to management involvement in quality improvement efforts, such as, personal engagement of senior managers, management's relationship with clinical staff, to name a few. Therefore, employee involvement in the quality initiative is critical to the success of the MS 1900:2014 program in any Healthcare organization. For the existing staff, training will help develop capabilities to improve their performance in their present jobs, to learn new technologies or procedures and to prepare them to take on increased and higher responsibilities in the future. At An-Nur, the *Shari'ah* program helps to improve nurses training, increased numbers of training places and provides more posts as well as flexible duty rosters and family friendly working practices are carried out for nurse retention and satisfaction. This is in line as the study done by Newman et al. (2002).

A.7.2 Process and System Management

This dimension assesses the processes undergone by the patients at different times of their stay in hospital. In a study on process management in Healthcare, Leer, Corver, Kraus, Togt and Buruma (1996) reported the development of an ISO based system in the radiotherapy department of a large hospital. In so, documenting the processes concerning a patient, from the moment he/she enters the department until the moment

he/she will finish treatment, was written down in flowcharts. In a similar study, Rissanen (2000) mentioned that control of processes is a key element in the successful care of high quality, where the processes were determined as key activities or service groups. In another study on process management. Staines (2000) reported how a Swiss hospital steering committee grouped all the activities in the hospital into major processes (modules) and divided them into management, care (in the centre) and support activities. Over a year, the hospital concentrated on analysing its processes. The following sub section highlights some crucial process management dimensions in health-care quality.

A.7.2.1 Hospital Admission Process and Procedures

This dimension assesses the provider's perception of the ease of access, admission, stay, treatment and discharge procedures in the hospital, acceptance of emergency cases, reduction in unnecessary patient stays, waiting time, etc. Tabish (1998) emphasized the complex interplay between medical, paramedical and administrative staff in determination of admission and discharge policies of the hospital.

A.7.2.2 Managing of Patients' Records

This dimension examines the way in which the patient records of their treatment and care are stored and their ease of retrieval in case of follow-up or for future patient visits. Fraser (2005) described a medical record as a compilation of pertinent facts about a patient's life and health history, including past and present illnesses and treatment given by health professionals contributing to the patient's care. Efficient management of patient records is important to ensure the follow up of cases and thus ensure proper delivery of medical care.

A.7.2.3 Clinical Administration Process

This dimension is related to the treatment procedures and practices to monitor maintain and improve patient care in the hospital, management of the patient from the illness/injury. This process of examining clinical and administrative processes is called a clinical audit and is undertaken by hospitals to assess the quality of clinical and administrative services provided to the patient. This dimension assesses the practices prevalent in the hospital with regard to post-discharge case management, handling patient complaints, etc.

A.7.2.4 Discharge of Patients

After treatment, when the patient is ready for discharge from hospital, there are discharge procedures to be completed by the patient and/or his/her family. The ease of discharge procedures and the advice given by the doctor in charge with regard to post-treatment care and follow-up have important implications for the recovery.

A.7.2.5 Clinical Outcomes of Medical Care

This dimension is an assessment of the clinical outcomes of medical care in terms of frequency of nosocomial (hospital-acquired) infections among patients, regular improvement of treatment quality based on treatment effectiveness and continuous appraisal to the patient with regard to the details of their treatment, possible complications, etc. Assessment of clinical outcomes of medical care is critical to ensure overall quality of care delivered to the patient.

A.7.2.6 Hospital Infrastructure Facilities

Since the hospital has been upgraded to tertiary specialist hospital from 10th June 2019, the management and maintenance of hospital infrastructure and facilities to ensure the comfort and recovery of patients, more stringent inspection and examination of the facilities are enforced. Facilities such as blood bank, family welfare, dietetics and therapeutics, drugs and pharmacy, electricity, transport, and housekeeping should be maintained to provide quality care to the patient. The routine tests of these facilities such as generator sets for emergency purpose were being carried out as per schedule. The other critical inspections are the medical gas and Central Sterile Supply Department, CSSD, facilities.

The major medical equipment such MRI, CT scan, Catheterization Laboratory, and X-ray were on comprehensive maintenance contracts with the suppliers.

A.7.2.7 Patient Focus through Patient Care System, PACSYS™

An-Nur has introduced PACSYS™ as a mean to provide a pathway for patient focus (Shariff, 2019). As the primary recipient or end-user of the product or service, the customer's experiences with the quality of product or service become critical in evaluating the quality of delivery of the product or service. Therefore, examining the customer's viewpoint becomes essential. For the purpose of this study, the individual who seeks medical cure for an ailment or other injury, i.e. a patient, is considered as a customer of health care. It is important to make this distinction because customers have been distinguished as "external" and "internal" to the organization. An external customer (such as a patient) exists outside the organization and buys the organization's

products or services. An internal customer is one who receives a product or service, and, in exchange, provides a product or service (Besterfield, 2001).

It has been observed that the main difference between a customer of other kinds of services and the customer in health care is that the latter is under a great deal of either physical discomfort or emotional distress, or a combination of both. This is in contrast to the customers of other services, who do feel the need to avail of a service, yet they have a sense of wellbeing and are free from the acute discomfort or distress characteristic of patients in a hospital. This distinction needs to be kept in mind when defining a patient-centred policy of health-care quality. Studies have consistently shown that the best results of clinical care, provider and patient satisfaction are obtained with a clear patient focus. In one such study, Martin (2001) developed consumer focused benchmarking criteria from consumers in Healthcare, education and retail sectors, in order to examine their perception of service quality. She found that consumers could provide invaluable insights into development of competitive and generic benchmarking measures. Martin (2001) revealed that satisfied patients were those who have personal physicians and dentists who actively promoted their participation in their care, spent adequate time and were attentive to their needs.

To fulfil the need of patient focus, a fully integrated bedside solution helps to engage and entertain patients, making their stay in hospital more comfortable and supporting smoother day-to-day hospital running, enhancing efficiency, enabling faster recovery and supporting optimal clinical workflow for Healthcare providers. PACSYS™ is an interactive bedside solution that delivers a wide range of TV channels, an extensive on-demand video library, internet connectivity and a reliable *Shari'ah* compliant

solution. It is the most comprehensive and interactive hospital media system available on the market today. Our partnership with Telekom Malaysia makes our hospital interactive *Shari'ah* compliant solution second to none. Designed for the Healthcare environment, PACSYS™ not only meets patients' entertainment and communication needs, but also provides extensive opportunities for hospitals to engage further through our range of powerful Patient Engagement and Clinical Solutions. Providing patients with access to entertainment can be extremely useful in keeping patients distracted, calm, and rested, and in the best possible condition to respond to treatment. Due to the SCH requirement, the access to entertainment is being filtered through Salam Web Technologies™ which provides the filtering process in denying access to view non *Halal* websites.

PACSYS™ was designed with the hospital environment in mind, providing patients with a wide range of multi-media services to keep them entertained and in touch with the outside world and delivers a selection of popular TV channels. PACSYS™ gives clinicians secure, direct access to the hospital information system at the Point of Care, POC. Clinicians use POC to view medical records, order and verify medication, and share patient scans and test results - right at the bedside. Patients have access to educational materials, satisfaction surveys and other helpful tools through PACSYS™. Medical staff can access videos, audio files, and documents to educate patients on *Shari'ah* related matters example prayer (*Solat*), fasting and other Islamic knowledge and practices. Hospitals can prompt participation in patient surveys to collect real-time, actionable information on satisfaction scores. Thus, a clear patient focus is an important factor in determining patient satisfaction.

A.7.2.8 Staff Focus

An important determinant of quality health care is the focus on the employee delivering the service. Several studies have focused on the different aspects of employee focus and satisfaction. In one study, Pestonjee and Mishra (1999) explained the difference in job satisfaction of senior and junior doctors as probably being due to the fact that senior doctors enjoyed greater authority, participation, satisfaction with reward and pay system and autonomy as compared to the junior doctors. In addition, junior doctors were prone to be blamed even for minor errors; they felt that the equipment they used was mostly outdated and lacked sophistication and that the support staff was indifferent to their needs. An important component of employee focus is providing employees constructive feedback about the quality of care delivered by them. Donabedian (2000) stated that clinical quality and performance should be systematically measured to provide feedback to the providers of care regarding their performance on the job. The study proposed a system of assessment that includes attributes, activities and achievements. Thus, a clear employee focus is an important dimension of Healthcare quality.

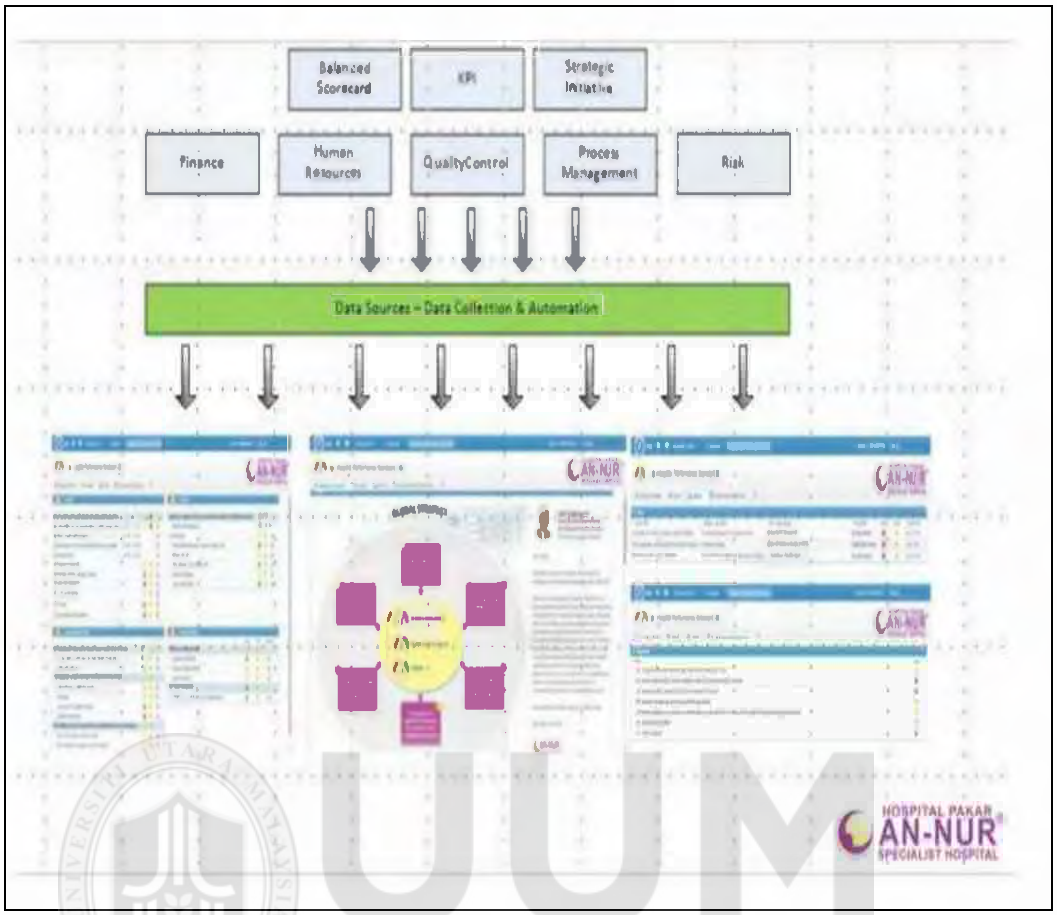
A.7.3 Measurement of Hospital Performance

Quality measurement of health care performance is done through balanced scorecard (BSC) system. The balanced scorecard is fundamentally a customized performance measurement system that looks beyond traditional financial measures and is based on organization strategy (Walker, 2006). The process is carried out by the department of Corporate Performance. Ovretreit (1993) described organization quality audit as an examination of an organization's arrangements to control and ensure the quality of its products or services. In this study, the documentation by An-Nur for purpose of MS

1900:2014 certification was examined to ensure the compliance. The list sample of data submitted as per Appendix A7 for reference. The key performance Indicators are as per requirement of Private Healthcare Services Act 1996.

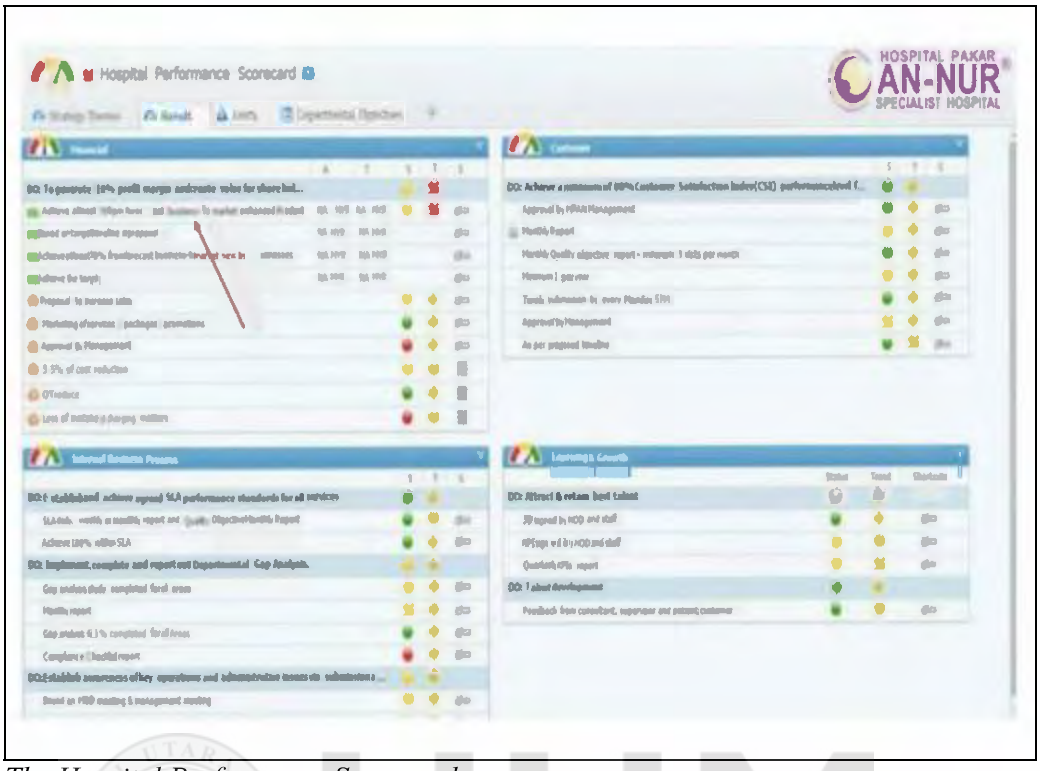
The BSC is designed to translate management's strategy into performance measures that employees can understand and implement. By using a balanced scorecard, it can provide the hospital with the following benefits: 1. It aligns the hospital around a more patient-focused strategy, 2. It facilitates, monitors, and assesses the implementation of the overall strategy, 3. It provides a communication and collaboration mechanism, 4. It assigns accountability for performance at all levels of the hospital, and 5. It provides continual feedback on the strategy and promotes adjustments to changing market and regulatory factors.

Transforming Strategies into Operation Balanced Scorecard
Source: An-Nur Specialist Hospital, 2020

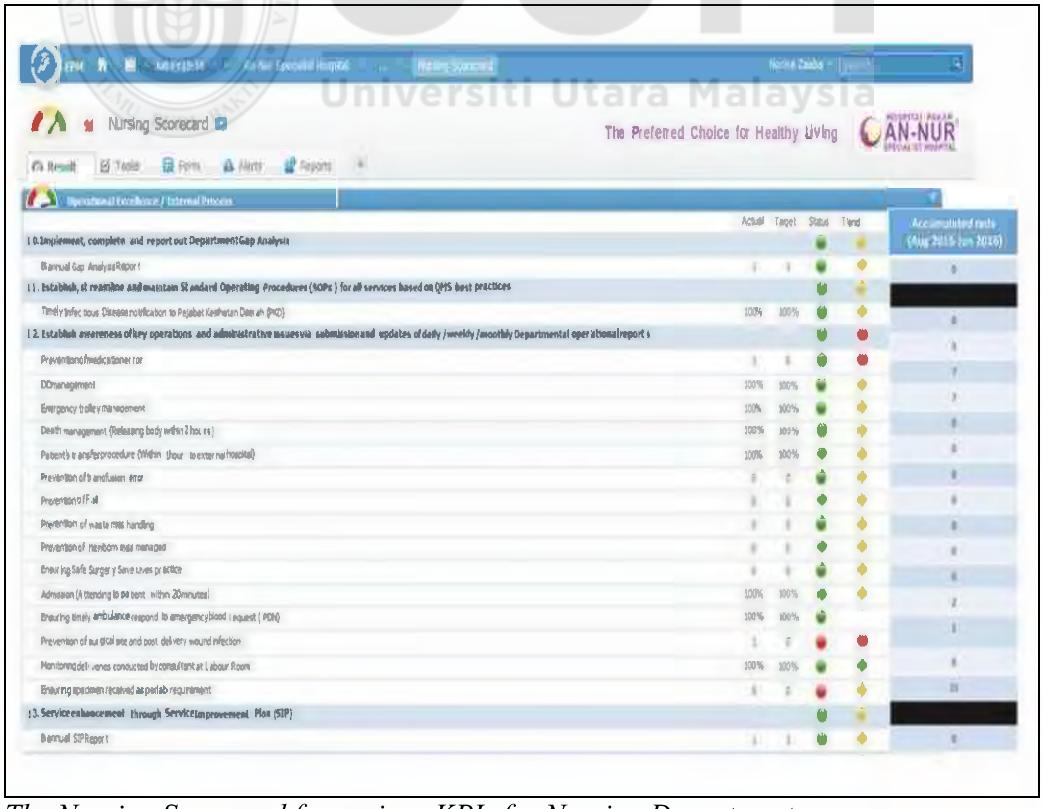


Data from various inputs buffered into a common database to produce various departmental KPIs
Source: An-Nur Specialist Hospital, 2020

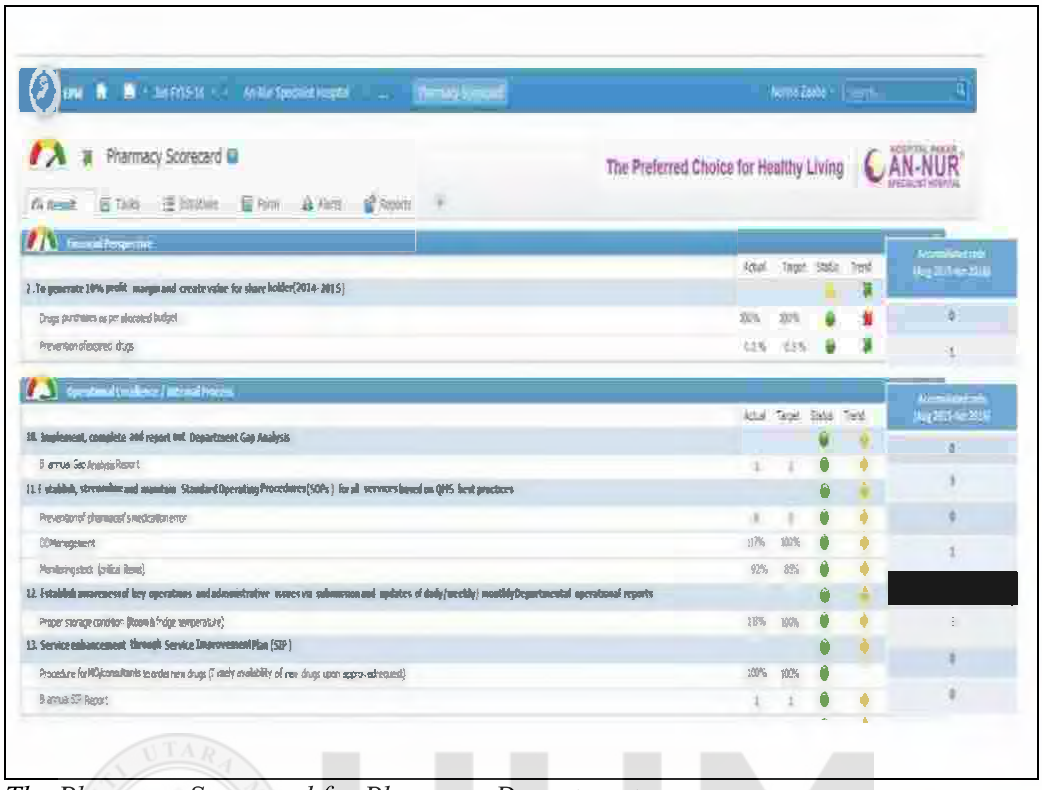
The various inputs from various departments are collected into a common database to produce various KPIs for monitoring the various departments. The Hospital Performance Scorecard are divided into four sectors 1. Financial, 2. Customers 3. Internal process 4. Learning and Growth. The examples of the KPIs are as below.



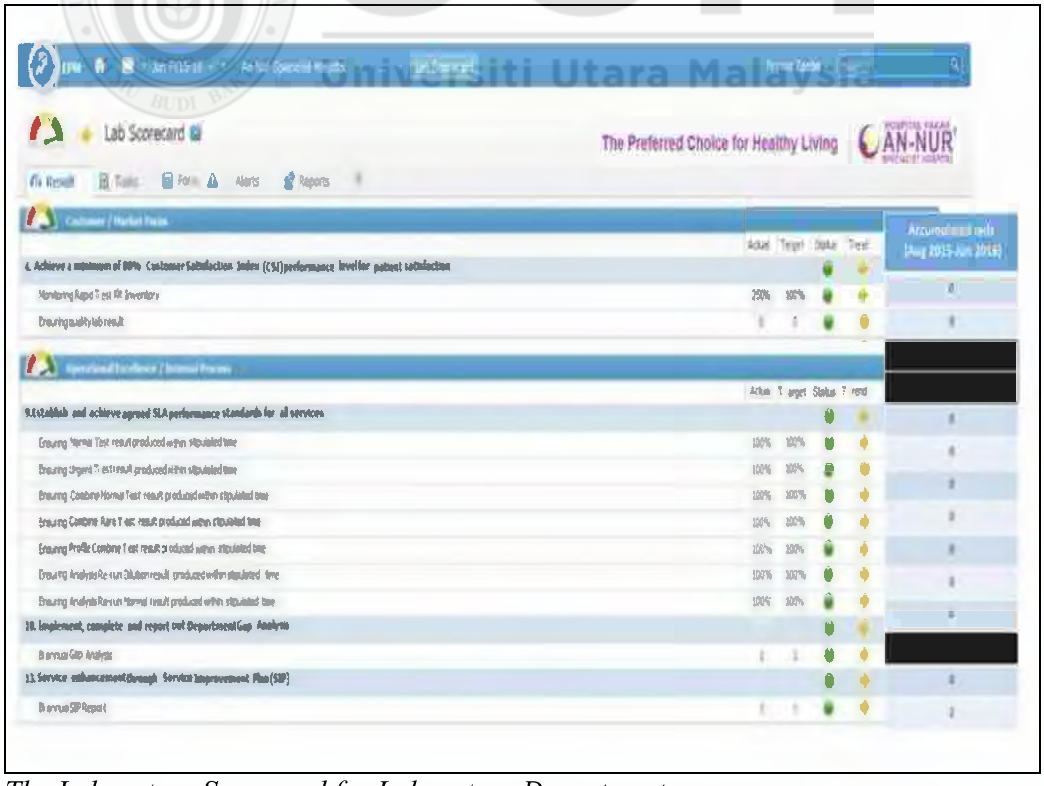
The Hospital Performance Scorecard
Source: An-Nur Specialist Hospital, 2020



The Nursing Scorecard for various KPIs for Nursing Department.
Source: An-Nur Specialist Hospital, 2020



The Pharmacy Scorecard for Pharmacy Department
Source: An-Nur Specialist Hospital, 2020



The Laboratory Scorecard for Laboratory Department
Source: An-Nur Specialist Hospital, 2020

A.7.4 Hospital Information System, HIS

A key component of quality in any organization, particularly in a hospital, is its information system. A computer system that designed to manage all the hospital's medical and administrative information in order for health professionals to perform their jobs more effectively and efficiently is a Hospital Information System, HIS (Ismail, Abdullah, Shamsudin & Ariffin, 2013). HIS manages all the information processing activities within hospital to achieve high-quality patients care services and medical data analytics (Winter & Haux, 1995). At An-Nur, the HIS consists of the following components: Clinical Information System (CIS), Nursing Information System (NIS), Laboratory Information System (LIS), Pharmacy Information System (PIS), Picture Archiving and Communication System (PACS), Radiology Information System (RIS), and Financial Information System (FIS). Each category has its own function, department and users in improving hospital services.

Appendix A.7 provides the description for each component including its respective function, and department and users of the components

HIS Components, Functions, Departments and Users of the Components

HIS Components and Their functions, Departments And Users of Components			
HIS Component	Function	Department	User
CIS	Clinical Information for Healthcare delivery process	Clinical	Doctors, Nurses
FIS	Manages the business aspects of the hospital	Finance and Account	Accountants
LIS	Manages Laboratory Information for all disciplines	Laboratory	Lab Officers, Doctors
NIS	Manages Clinical data from various healthcare environment available in a timely and orderly fashion to aid doctors and nurses for patient care	Wards	Nurses, Doctors
PIS	Manages the inventory of pharmeceutical requirements of the hospital	Pharmacy	Pharmacists, Doctors
PACS	Facalitates the archiving,processing,and viewing of digital radiological images and related information.	Radiology	Radiologist, Radiographers and Doctors
RIS	Assists radiology services in storing, manipulating and retrieving patients' information	Radiology	Radiologist, Radiographers and Doctors

Any health care provider is possibly affected by a lack of standardization and accreditation without HIS. The patient record storage and retrieval system in a hospital is greatly enhanced by the use of HIS, which enable the efficient storage, and retrieval of patient data. Such technology will facilitate the hospital's ability to respond quickly to rapid and often unexpected changes in patient needs. Roa (2002) emphasized that the primary objective of a HIS should be cost-effective, leading to an enhanced quality of patient care. Rao (2002) predicted that the future of HIS would be in telemedicine, medical records, smart cards, digital libraries and multimedia.

A.7.5 Risk Management and Safety

One critical component of quality health care provided is the safety and risk management procedures that the hospital has in place in order to ensure correct and risk-free treatment procedures for the patient. In this context, it is useful to define a medical error. The Institute of Medicine (IOM) (2001) defined a medical error to be the failure of a planned action to be completed as intended (that is, an error of execution) or the use of a wrong plan to achieve an aim (that is, an error of planning). The errors were classified into three categories: under use overuse and misuse. McFadden, Towell and Stock (2004) discussed the sources of medical errors and adverse events, critical factors for reducing the occurrence or impact of medical errors, barriers to implementation of error management systems and proposed a model, called the process framework, for reducing errors in hospitals. Risk management develops a system to identify clinical areas of risk, establishing means to monitor patient care, including evaluation care as indicated and taking action to improve care (Tabish, 2001).

A.7.6 Corporate Service Culture

The concept of corporate service culture has been widely researched. It has remained one of the most important factors in organizational behaviour literature. In one study, Yoon, Beatty and Suh (2001) examined work climate variables and their impact on service quality and showed that both climate variables contribute directly to job satisfaction and work effort, and indirectly impact on customers' perception of employee service quality. Thus, a service-oriented culture is likely to contribute to better Healthcare service delivery.

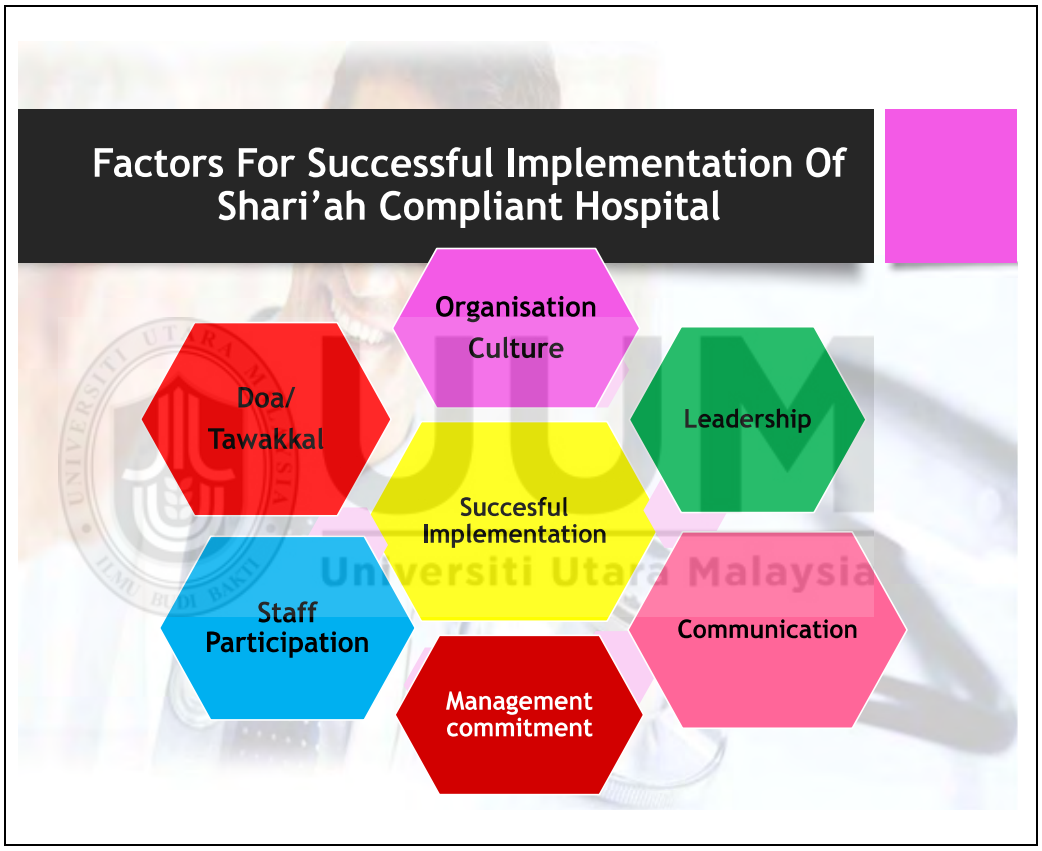
A.7.7 Continuous Improvement

Continuous Improvement (CI) is the use of incremental and breakthrough quality management techniques to constantly improve processes, products, or services provided to internal and external customers and thus achieve higher levels of customer satisfaction. McLaughlin and Kaluzny (1999) discussed CQI in terms of focusing on clinical performance improvement, specifically, evidence-based medicine, case management, disease management and patient-centred care. Measurement of the quality of care requires continuous assessment of the factors that contribute to a favourable outcome of patient care such as service providers, the environment of health care delivery, organization and management, human resource development and management, policies and procedure, facilities and equipment and quality improvement activities of an organization. In one such study, Hasin, Seeluangsawat and Shareef (2001) found that continuous improvement of QMS was very helpful in increasing competitiveness in hospitals and many other health care organizations.

A.7.8 Governance and Social Responsibility

Any organization needs to incorporate service to society in its long-term strategic objectives. It is imperative for an organization to keep in mind the welfare of the society as a whole while designing its quality policy. No organization can be said to have succeeded in its mission truly, unless it is able to contribute significantly to the well-being of the people whom it is meant to serve. Values of governance, social responsibility and ethics are relevant to Healthcare in a critical manner. Casarett and Abraham (1999) discussed how physicians have always had some obligation to society, and they have always been asked to balance this obligation against an obligation to the patient. A Healthcare organization that incorporates values of

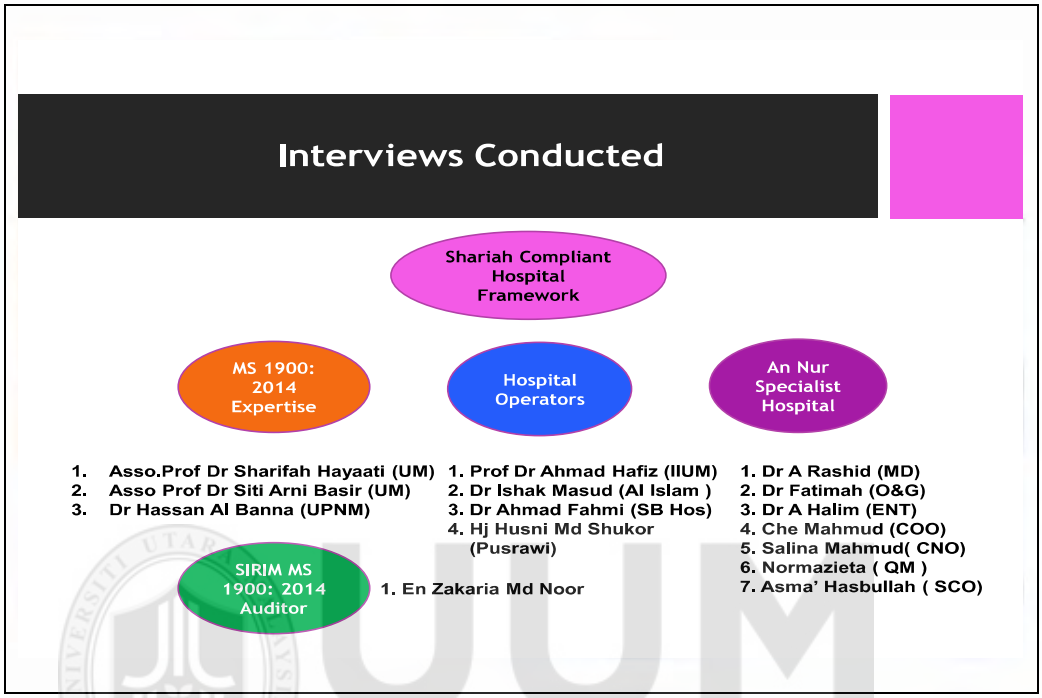
governance and social responsibility is able to offer better quality of care to individuals, in an ethical manner, thus serving society as a whole. On the basis of discussions and literature review presented in respect of each of the 14 QMS dimensions presented above, Table below offers a compilation of explanation of each dimension.



Factors for Successful Implementation of Shari'ah Compliant Hospital

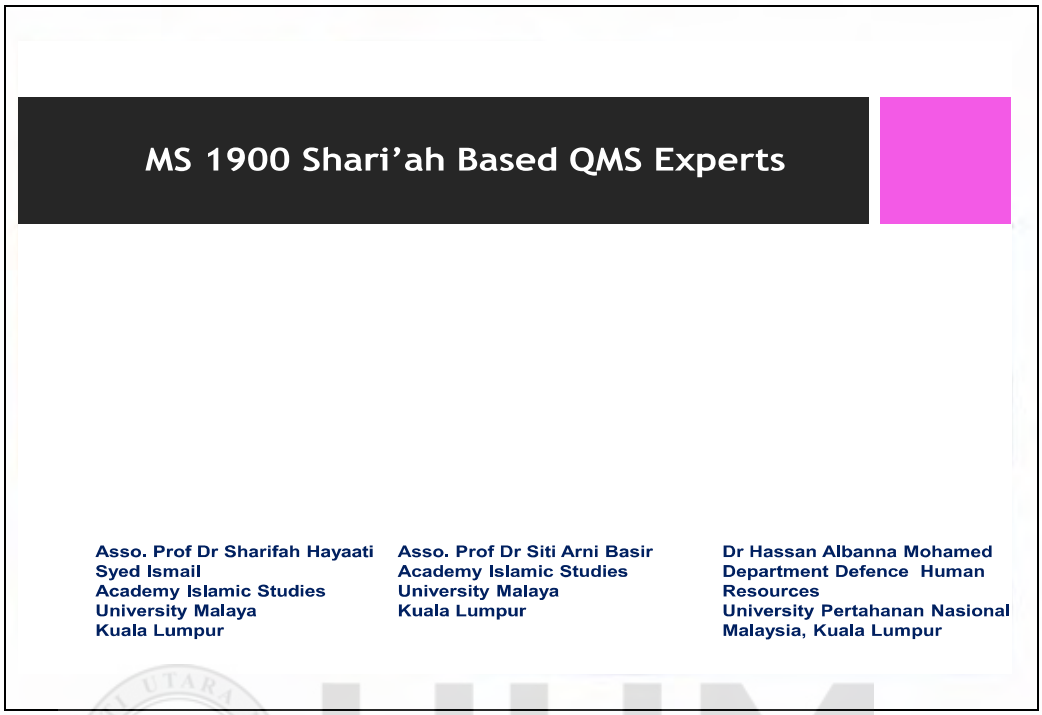
APPENDIX B

B.1 Interviews conducted to Four (4) Groups

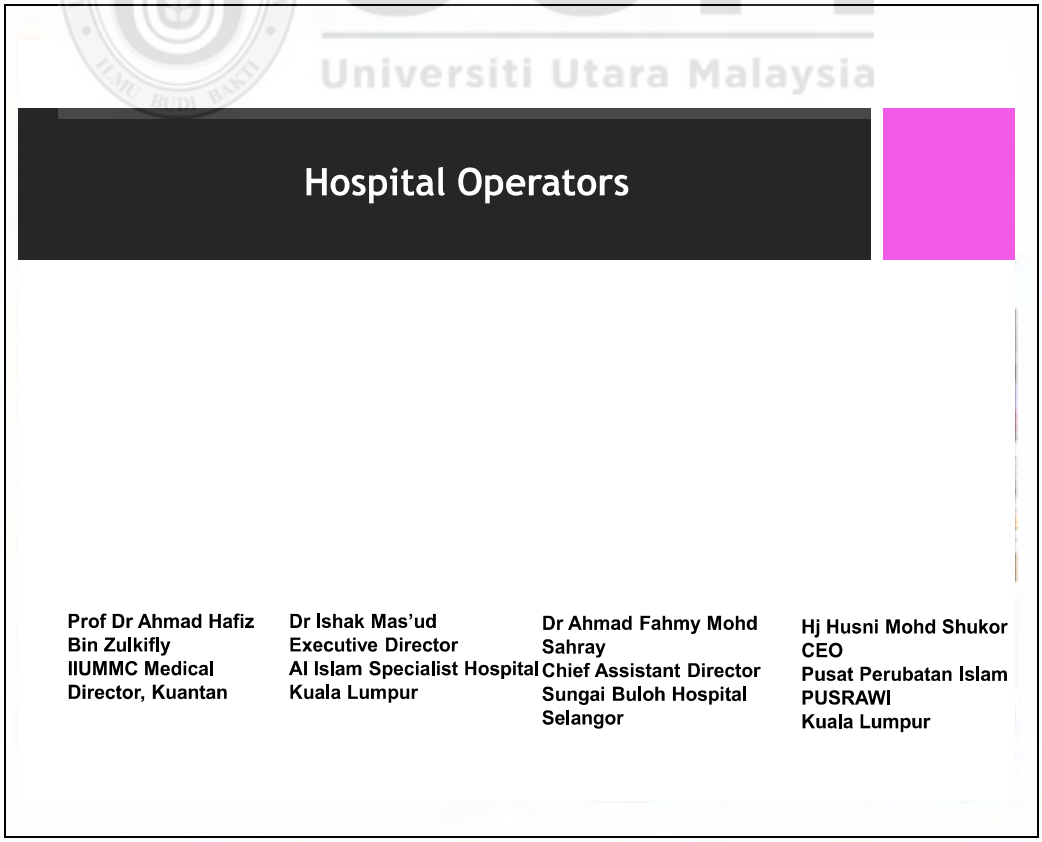


B.2 Interview with MS 1900 Certification Section Head SIRIM

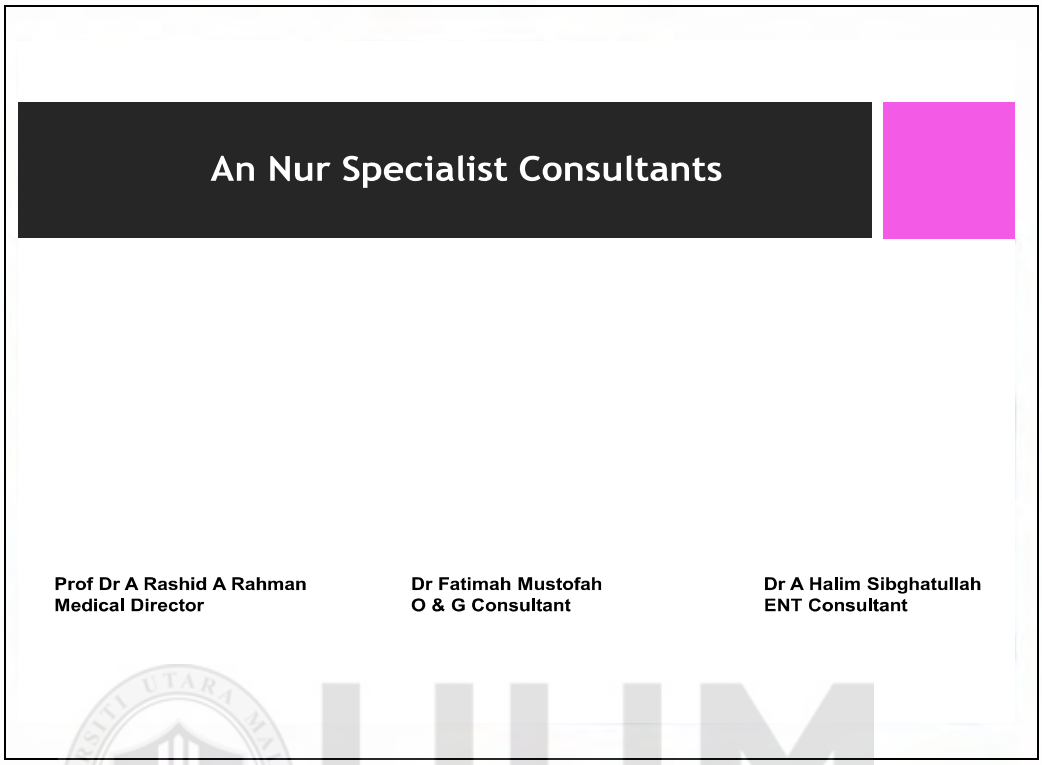
B.3 Academician Experts on MS 1900



B.4 Interview with Hospital Operators



B.5 Interview with An-Nur Specialist Hospital Consultants



B.6 Interviews with An-Nur Specialist Hospital Management Members